W1 MI22J
V.97 NO.1 1998
C.01--------SEQ: M33700000
TI: MICHIGAN MEDICINE
01/21/98

for Medical Quality • Educational Initiative

MichiganMedicine

January 1998 • Vol. 97, No. 1 Award-Winning Journal of the Michigan State Medical Society





PROPERTY OF THE NATIONAL LIBRARY OF MEDICINE

LAWMAKING: How to be heard in Lansing and Washington

**********MIXED ADC 481
S 6 28
47367
NATIONAL LIB OF MEDICINE
IM S223603 BLDG 38 RM BLW10
8600 ROCKVILLE PIKE
BETHESDA MD 20894-0001

PUT YOURSELF IN OUR INNER CIRCLE

When you have a PICOM policy, you're surrounding yourself with a unique kind of professional liability protection. That's because at PICOM, insurance is more than just a policy.

Your Practice Deserves Special Attention

No matter what your practice design, our DoctorCare,[sm] CorpCare,[sm] and HealthServices[sm] policies are tailored for you.

You Can Count on Our Experience and Stability

We've successfully handled over 14,000 claims during our 16 years of service to the medical community.

Our Tough Defense Makes Your Voice Heard

PICOM's commitment to the policyholder is unique; policyholders have a say in any decision to settle.

Assisting You "Up Front"

Our risk management team helps you and your staff learn how to *prevent* problems.

Put PICOM's circle of protection to work for you. For more information, contact your local PICOM agent or a PICOM representative at 800/292-1036.

PICOM
INSURANCE COMPANY





A new partnership in which you benefit most.

***Caring** for their patients.*

***Sharing** information.*

***Learning** from each other.*

***Helping** improve your health.*

***Working** to reduce costs.*

You may not know it, but your doctor may be one of approximately 500 who are part of a large, community-wide network of family physicians and specialists.

This group is called **Michigan Allied Physicians** (MAP). And, its partner is **Oakwood Healthcare System**. Together they represent six area hospitals, 179 primary and specialty care sites, two diagnostic centers, two nursing homes, and a cadre of homecare specialists throughout the community for your convenience.

Networking allows these doctors to share resources. Learn from each other to improve patient care. And, work together to reduce costs.

MAP's focus is simple. Patient satisfaction. Health promotion. Wellness education. Disease prevention. And, health care provided by the right *person*—at the right *place*—the right *way* that's as cost-effective as possible.

After all, wouldn't *you* want 500 or more doctors working together to help you and your family? For more information call 313-791-5266.

MAP
MichiganAlliedPhysicians

Oakwood

Working together for you and your family.

Award-Winning Journal of the Michigan State Medical Society

MichiganMedicine

COVER STORY



LAWMAKING:
How to be heard in Lansing and Washington 24

The new year brings a flurry of activity in Lansing and Washington—and that ought to concern Michigan physicians. It ought to spur thinking doctors to find out what state and national lawmakers are up to, to find out what bills are being introduced and to learn how medicine's views are front and center when our patients and our professions are at stake.

By Mark D. Kolins, MD; Thomas E. Stone, MD; Peggyanne Nowack, MD.

FEATURES

TRENDS
What to watch for in 1998 4
Services you can use, and a heads up on the issues.
By Sheri Greenhoe

ALLIANCE
Alliance video wins award 6
The AMA's Crystal Medallion Award is in its inaugural year as part of the AMA International Health and Medical Film Awards Ceremonies.
By Jennifer Anibal

MEDICAL ECONOMICS
Medicare provisions 10
The Balanced Budget Act of 1997 (PL 105-33) contains many important changes to the Medicare and Medicaid program.
By Joyce A. Nurenberg

VIEWPOINT
The physician's role in the political process 14
An MSMS member shares insight from a discussion with a state Supreme Court Justice about the role of physicians in politics.
By Thomas J. Zuber, MD

ISSUES BRIEF
Senate Bill 104 17
A dangerous bill lingers in the Michigan Senate. A bill that could harm the citizens of Michigan.

January 1998 Volume 97, Number 1

MSMS Internet Website Address: http://www.msms.org/

MSMS E-mail Address: msms@msms.org

FEATURES

SPECIAL FEATURE
Michigan Institute for Medical Quality 20
MSMS is taking the lead in measuring and maximizing the quality of medical care
By Paul O. Farr, MD

PHYSICIAN PROFILE
Jaime Aragones, MD 32
The Philippines remain no further away than Doctor Aragones' last working vacation — and a hard-working vacation at that.
By Ralph D. Ward

PHYSICIAN SPOTLIGH
The Syversons 34
For Battle Creek Surgeon Dale L. Syverson, MD, and his wife Lorrie, life's priorities are clear.
By Karen Bouffard

PHYSICIAN PROFILE
David Pastoor, MD 36
In summer glamour or winter isolation, good health care is a constant need on Mackinac Island.
By Ralph D. Ward

EDUCATIONAL OUTLOOK
Educational initiative 38
MSMS' new Center for Physician Education and Business Specialist programs are hand-tailored to fit the special needs of Michigan physicians.
By Deborah Zannoth and Mary E. S. Jensen

SPECIAL FEATURE
Personnel management 42
Many physician practices have engaged in outsourcing partnerships to address some of their most significant business concerns.
By The Northridge Group

DEPARTMENTS

ASK OUR LAWYER 8
PEOPLE 44
EDUCATIONAL OPPORTUNITIES 47
IN YOUR FUTURE 49
CLASSIFIED 52
AD INDEX 55
PRESIDENT'S PERSPECTIVE 56

Look for *Michigan Medicine* On-line at http://www.msms.org/

What to watch for in 1998

Services you can use, and a heads up on the issues

By Sheri Greenhoe

Physicians will face this year's challenges to the practice of medicine head on, and MSMS will be an important resource for them. Continued growth in managed care, a sharper focus on quality measurement, the potential impact of Medicare changes and the dynamics of this year's legislative session are among the many influences that will sculpt the health care horizon in 1998.

This month lawmakers are considering proposed legislation that would allow nurses to prescribe without physician supervision, and MSMS is actively opposed. Did you realize that such legislation is unnecessary? Michigan law already allows individual physicians to give permission to nurses to prescribe under their supervision. Senate Bill 104 would take the decision-making out of doctors' hands, and provide blanket permission. In order to make physicians' interest known on this issue and other important legislation, grassroots political action has never been more crucial. Contact your lawmaker, or contact Greg Aronin at (517)336-5739 for information on how even the busiest physician can have an influence.

On the socioeconomic front, MSMS is paying close attention to trends in the practice of medicine and in the delivery of health care, and will report to you throughout the year. Look online at www.msms.org for MSMS Issues Briefs regarding ERISA, PA 350 (Blue Cross legislation); freestanding surgical centers, the portability of insurance, experimental treatments and other issues as they emerge. Or, you may request copies of these briefs through MSMS' new Fax-Back service.

MSMS has initiated dialogue on all of these fronts, and has developed programs and tools to assist members. Following are selected highlights, and you may read more in this issue of *Michigan Medicine*.

MSMS has formed the Michigan Institute for Medical Quality (MIMQ) as a resource center for physicians on quality of care issues, and to collaborate with other organizations interested in quality measurement. **MIMQ is a physician-directed quality initiative, and will focus on education, community outreach and research.** Read more about it on page 20 or contact Julie Lester at (517)336-5768 or at jlester@msms.org.

In addition, MSMS has reinvigorated efforts to provide high quality clinical and practice management education for physicians. The **MSMS Center for Physician Education and Leadership will provide comprehensive training opportunities for doctors throughout the state,** using traditional conference formats, plus teleconference capabilities, Internet technology and on-site training in doctors' offices or clinic settings. See page 38, or contact Mary Jensen at (517)336-5706 or at mjensen2@msms.org.

The MSMS Medical Business Specialist Program is a new professional development certificate program exclusively for medical business office personnel. The program entails a series of seminars on office management, billing, coding, records management and other topics:

Additional courses will deal with risk management, team-building and the new E & M coding regulations. See page 38, or contact Deborah Zannoth at (517)336-5767 or at dzannoth@msms.org.

Recognizing the evolution in the practice of medicine, MSMS is putting additional emphasis on the needs and concerns of employed physicians, who make up a growing percentage of MSMS membership. At the same time, MSMS will continue to develop tools and information of value to physicians in all types of practice, including:

continued on page 12

Executive Director
William E. Madigan

Committee on Publications
John H. McLaughlin, MD
Birmingham, Chair
Thomas R. Berglund, MD
Portage
Jeffrey M. Jones, MD
Battle Creek
Dorothy M. Kahkonen, MD
Detroit
John M. MacKeigan, MD
Grand Rapids

Editor
Judith E. Marr
Assistant Editor
Kristen M. Lare

Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editor nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. **Michigan Medicine** reserves the right to accept or reject advertising copy. Products and services advertised in **Michigan Medicine** are neither endorsed nor warranteed by MSMS, with the exception of a few.

Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published 12 times per year on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news and exchanges should be addressed to Judy Marr, advertising to Judy Hudson, classified advertising to Kristen Lare, and address changes to Jennifer Bates, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

MICHIGAN MEDICINE
Michigan State Medical Society
P. 0. Box 950
East Lansing, Michigan 48826-0950.
Phone 517-337-1351
©1997 Michigan State Medical Society

Design, layout and prepress by Abbott Press, East Lansing, a subsidiary of MSMS.

PRINTED WITH SOY INK

SOCIETY OF NATIONAL ASSOCIATION PUBLICATIONS

MICHIGAN STATE MEDICAL SOCIETY

Michigan State Medical Society

the Voice of 13,000 Michigan Physicians

OFFICERS

PRESIDENT	Peter A. Duhamel, MD, *Rochester*
PRESIDENT-ELECT	Cathy O. Blight, MD, *Flint*
IMMEDIATE PAST PRESIDENT	W. Peter McCabe, MD, *Grosse Pointe Shores*
SECRETARY	Thomas R. Berglund, MD, *Portage*
TREASURER	Billy Ben Baumann, MD, *Pontiac*
SPEAKER	Dorothy M. Kahkonen, MD, *Detroit*
VICE SPEAKER	Paul O. Farr, MD, *Grand Rapids*

BOARD OF DIRECTORS

CHAIR	Krishna K. Sawhney, MD, *Farmington Hills*
VICE CHAIR	Kenneth H. Musson, MD, *Traverse City*

DISTRICT DIRECTORS

DISTRICT 1	Hassan Amirikia, MD, *Detroit*
	James P. Gallagher, MD, *Detroit*
	Richard P. Horsch, MD, *Farmington*
	Cecil R. Jonas, MD, *Detroit*
	Krishna K. Sawhney, MD, *Farmington Hills*
	Joseph J. Weiss, MD, *Huntington Woods*
DISTRICT 2	Mitchell A. Rinek, MD, *Lansing*
DISTRICT 3	Jeffrey M. Jones, MD, *Battle Creek*
DISTRICT 4	James B. Kilway, MD, *Kalamazoo*
	David J. Millard, MD, *Paw Paw*
DISTRICT 5	John M. MacKeigan, MD, *Grand Rapids*
	M. Gary Robertson, MD, *Grand Haven*
DISTRICT 6	AppaRao Mukkamala, MD, *Flint*
DISTRICT 7	D. Moore Hislop, MD, *Port Huron*
DISTRICT 8	Thomas A. Egleston, MD, *Saginaw*
DISTRICT 9	Kenneth H. Musson, MD, *Traverse City*
DISTRICT 10	Devendra Sharma, MD, *Tawas City*
DISTRICT 11	Robert C. Packer, MD, *Muskegon*
DISTRICT 12	Jaak M. Pahn, MD, *Sault Ste. Marie*
DISTRICT 13	Rudy W. Stefancik, MD, *Hancock*
DISTRICT 14	Rudi Ansbacher, MD, *Ann Arbor*
	Rhoda M. Powsner, MD, *Ann Arbor*
DISTRICT 15	Mark D. Kolins, MD, *Troy*
	John H. McLaughlin, MD, *Birmingham*
	Alan M. Mindlin, MD, *Pontiac*
	Donald B. Muenk, MD, *Warren*
EXECUTIVE DIRECTOR	William E. Madigan

Alliance video wins award

Gunsense *receives 2nd prize in AMA ceremony*

By Jennifer Anibal

The MSMS Alliance initiated a "Gun Awareness Project" as part of the Health Promotions Committee in 1992 under the presidency of Virginia Mehregan and health promotions chair Velva Clark. The purpose of the project was to increase public awareness of the number of children killed due to the careless use of guns in their own homes, or in the homes of someone they know.

The Alliance wanted to produce a video that would teach the children of our state how to protect themselves and that could be viewed in the waiting rooms of physicians offices and clinics and used by civic organizations.



Blanche Mindlin (left), MSMS Alliance president, and other Crystal Medallion Award recipients display their awards at the AMA Ceremony.

The output of this effort, *Gunsense*, is a set of three short videos that call attention to the danger of guns and teach gun safety. Video 1, "The Ride of Your Life," shares the experience of a child who has been shot, from the emergency room of the hospital through discharge, and presents how a gun shot can change your life forever. Video 2, "A Little Respect," uses an animated talking gun to teach gun safety and is appropriate for an elementary and younger age group. Video 3, "The First Line of Defense," depicts a woman using a gun in her home for protection and shows how a case of mistaken identity can cause the loss of someone you love.

The **AMA's Crystal Medallion Award**, for which the *Gunsense* video won 2nd prize, is in its inaugural year as part of the AMA International Health and Medical Film Awards Ceremonies. The Medallion Award is open to all public relations and communications practitioners in the United States, honoring distinguished achievement in the field of medical communications for consumers and professionals. Two separate awards will be presented: one to the Best Consumer Health Campaign and one to the Outstanding Campaign aimed at Medical Professionals. The awards are presented for excellence in creativity, planning, execution and effectiveness in the development and launching of a medical or health care communications program. The MSMS Alliance entered both categories with its GUNSENSE video and has qualified as a finalist in the Professional Campaign category.

The awards were presented at a dinner in San Francisco at the Mark Hopkins Hotel on Friday, November 7, 1997 during the AMA's International Health and Medical Film Competition Festival. Blanche Mindlin, president of the MSMS Alliance, attended with her hus-

band, Alan Mindlin, MD, to represent the Alliance in the awards ceremony.

The *Gunsense* video was produced by Channel 56 (WTVS Detroit) and funded by Blue Cross Blue Shield of Michigan, the Michigan Department of Public Health, Henry Ford Health Systems, Metro Health Foundation, the Michigan State Medical Society Foundation and Alfred Berkowitz, MD. A special thanks is extended to MSMS Past President Gilbert Bluhm, MD, for his continued efforts on behalf of this project.

If you are interested in obtaining a free copy of the video, please feel free to contact Jennifer Anibal at MSMS at (517) 336-7595; or e-mail her at janibal@msms.org/ ■

The author is executive director for the MSMS Alliance.





Covenants not to compete

By Richard D. Weber, JD

MSMS Legal Counsel

Question: I recently signed an employment agreement with a professional corporation that precludes me from practicing medicine in my community for a period of two years if the contract is terminated. Although I am currently happy, I question whether this contract provision is enforceable. I am told that it is contrary to the AMA Code of Ethics and may not otherwise be enforceable in the courts. Please advise me of the status of the law in this area and whether this provision is enforceable.

Answer: Although the AMA has no absolute ethical position against covenants not to compete, it discourages any agreement between physicians that restricts the right of a physician to practice medicine for a specified period of time or in a specified area upon termination of employment. Unfortunately, this provision in the AMA Code of Ethics is not adhered to in most physicians employment contracts and does not represent the law in Michigan.

For most of this century, covenants not to compete were prohibited by statute in Michigan. Until 1995, the statute provided that all non-competition agreements, whether reasonable or unreasonable, were against public policy and therefore illegal and void. In 1985, the Michigan legislature repealed this statutory prohibition on non-competition agreements. Two years later the statute was amended by specifically providing that courts may enforce non-competition agreements that are reasonable and necessary to protect an employers competitive business interests.

Since covenants not to compete in employment agreements were statutorily invalid prior to 1985, Michigan appellate court decisions are of recent vintage. Essentially, the courts examine covenants under the existing Michigan statute on a case-by-case basis. In analyzing whether the non-competition agreement is designed to protect an employers business interests, courts will examine three specific areas: (1) duration, (2) geographical area and (3) type of employment or line of business restricted. Clearly, a covenant not to compete in a physicians employment contract, which covered the entire state of Michigan, or which precluded the practice of a specialty unrelated to the employers practice, would be unreasonable and unenforceable. On the other hand, a physicians employment contract that restricted a specialist from practicing that particular specialty within a geographical area in which the professional corporation drew patients, which was limited in duration, would probably be enforceable. Courts also have the authority to modify restrictive covenants by limiting them to what the court might consider reasonable under the circumstances.

The limited number of Michigan appellate court cases interpreting this relatively new statute apply primarily to commercial business relationships. Nevertheless, the statute, and the analysis of the Michigan appellate courts that have interpreted the statute, are applicable to physician employment contracts. Whether your particular contract would be enforceable or not would depend upon whether the restrictions are reasonable in time and geography, and limited to what would be deemed necessary to protect the competitive business interests of your employer, whether your employer is a professional corporation, partnership, limited liability company, hospital or other health care entity. ■

The author is senior partner with Kerr, Russell & Weber, Detroit, USA

Editors Note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Judith Marr, Editor, P.O. Box 950, East Lansing, MI 48826-0950.

Announcing...

Malpractice Insurance Alternatives!

Cunningham Group

"Insurance and Risk Management Services Since 1947"

Call Toll Free: 888.656.7070

As specialists in malpractice insurance, the Cunningham Group can offer you top-rated and cost-effective malpractice insurance alternatives for:

• Individual and Group Practice Physicians and Surgeons •
• Clinics • Surgery Centers • IPAs • PHOs • MSOs •
• Multi-Specialty Practices •

For Additional Information, Contact:
Terri L. Richards
888-656-7070 or 616-465-7070
Fax: 616-465-5007
Cunningham Group

Office Locations:
Stevensville, Michigan • Cleveland, Ohio • Chicago, Illinois
Houston, Texas • Columbus, Ohio • Pittsburgh, Pennsylvania



Medicare provisions

The Balanced Budget Act of 1997

By Joyce A. Nurenberg

The Balanced Budget Act of 1997 (PL 105-33) contains many important changes to the Medicare and Medicaid program. This article outlines several of the major changes that directly affect you, your practice and your patients.

Patient choice through two options

Individuals entitled to Medicare Part A and enrolled under Part B will have a choice of either the Medicare fee-for-service program or a Medicare+Choice plan. A Medicare+Choice plan could be offered by: (1) a coordinated care plan (including but not limited to HMO plans), or preferred provider organization (PPO) (2) a provider sponsored organization (PSO), (3) a combination of medical savings account (MSA) and contributions to a Medicare+Choice MSA under a demonstration project limited to 390,000 beneficiaries or (4) a fee-for-service Medicare+Choice MSA, defined as a plan that reimburses hospitals physicians and other providers at a rate determined by the plan on a fee-for-service basis without placing the provider at financial risk. This does not restrict the selection of providers from those who are lawfully authorized to provide the covered services and agree to accept the terms and conditions of payment established by the plan.

An individual who fails to choose during the initial sign-up period would be considered to have chosen the Medicare fee-for-service option by default. From 1998 through 2001, the option to enroll or disenroll will be continuous; however in 2002, choice will be limited to specified election periods.

Beneficiaries will receive information on services covered and not covered, rights, including grievance and appeal procedures, plan options, and other information, at least 15 days before each election period. The Health and Human Services (HHS) Secretary determines what additional information will be most helpful in assisting the beneficiary in making a choice.

Physician billing limitations

In order to accept payment for covered services, a physician or other entity—regardless of whether or not they have a contract with a Medicare+Choice organization—must, under law, accept no more than could be collected if the individual were in a Medicare fee-for-service plan.

Expanded access to allied health professionals

Effective January 1, 1998, the Act eliminates the "incidental" provision, which requires direct physical supervision *as a condition for payment* for physician assistants, nurse practitioners and clinical nurse specialists. Payment would be equal to 80 percent of the actual charge, or 85 percent of the physician fee, whichever is lower—provided that no facility or other provider charges are paid in connection with the service by the allied health professional.

Coverage for expanded list of preventive services

Effective January 1, 1998, the Act authorizes coverage for several services including:

- an annual mammogram for all women age 40 and over (not subject to the annual deductible)
- expanded coverage of a screening pap and pelvic exam (not subject to deductible)
- clinical breast exam every three years (not subject to deductible)
- coverage for several colorectal screening tests
- diabetes outpatient self-management training services under specific circumstances

Coverage for other services will be covered at other intervals. For example, effective July

1, 1998, certain high-risk beneficiaries for bone mass measurement will be covered. The frequency has yet to be determined. Beginning in the year 2000, the Act authorizes coverage for screening tests for prostate cancer.

The Act also requires a study to analyze the expansion or modification of benefits and preventive services covered under Medicare. The study is to include:

- nutrition therapy
- skin cancer screening
- medically necessary dental care
- routine patient care costs for beneficiaries enrolled in approved clinical trial programs
- elimination of time limits for coverage of immunosuppressive drugs for transplant patients

Clinical lab fees—The Act also freezes fee schedule payments for the 1998-2002 period. It requires the HHS Secretary to request a study of lab payments that would include a review of the adequacy of the current methodology, to make recommendations on alternative payment systems and to analyze the relationship between payment systems and access to high quality lab services for beneficiaries, including availability and access to new testing methodologies.

Home health—The HHS Secretary will be required to conduct a study on the criteria applied in consideration of establishing a patient as homebound for purposes of qualifying for Medicare's home-health benefit. The Act authorizes establishment of normative standards for the frequency and duration of home health services. This took effect after October 1, 1997.

Telemedicine—Effective January 1, 1999, payments shall be made for professional consultation via telecommunications systems with a health care provider. This is covered by Medicare if a beneficiary is in a health professional shortage area, or in a rural county not adjacent to a metropolitan statistical area. The payment will be made if the total payment for both health care providers is not greater than the current fee schedule of the consulting service.

Medicare program update

Conversion factors, update formula and practice and malpractice expense—The 1998 single-conversion factor is $36.69 for primary care, surgical and other medical services. The anesthesia factor is 46 percent of $36.69 ($16.88).

Beginning in 1999, the update to the conversion factor will equal the Medicare Economic Index (MEI), which is subject to an adjustment to match spending under a sustainable growth rate. This method replaces the volume-performance standard based on the real gross domestic product growth. Publication of the sustainable growth rates will not be permitted later than August 1 before each fiscal year.

The proposed changes to the practice expense values are not being implemented. A new proposed rule will be published by May 1, 1998 and phased in from January 1, 1999-2002. Consultation with organizations representing physicians and the development of a yearly refinement process is required. In 1998, however, practice expense relative value units (RVUs) are capped at 110 percent of the work RVUs for most services. The monies will be used to raise the practice expense RVUs for evaluation and management services.

Beginning in 2000, the malpractice expense component would be based on the malpractice expense resources involved in furnishing the service.

New federal entities

Commission on the future of Medicare—The commission is composed of 17 voting members, four appointed by the President; six appointed by the Majority leader of the Senate and six by the Speaker of the House. The final

continued on next page

continued from previous page

member, who serves as chair of the Commission, was appointed jointly by the President, Majority Leader of the Senate and the Speaker of the House. The Commission, appointed December 1, 1997, must report to the President and Congress no later than March 1, 1999.

Medicare Payment Advisory Commission—The charge of this committee is to review and make recommendations to Congress concerning payment policies under Medicare and the Medicare+Choice program. The Commission would be composed of 15 members appointed by the Comptroller General.

For additional information regarding the Balanced Budget Act of 1997, please contact Joyce Nurenberg at MSMS at (517) 336-5722; or e-mail her at jnurenberg@msms.org. ■

The author is MSMS Reimbursement Ombudsman. Information for this article was provided by the American Medical Association.

"What to watch for" continued from page 4

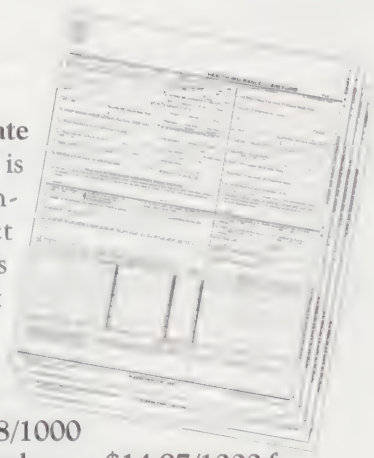
- The annual MSMS Evaluation of Michigan Health Plans
- A report on Michigan Hospital Financials
- A variety of informative studies, like the recent review of the Health Status of Michigan Citizens and the Case Study Analysis of Single Specialty Physician Networks

Call MSMS first for answers and resources you need in your practice. For information about programs and services available to members, read *Medigram* and *Michigan Medicine*, see MSMS online at www.msms.org, or call (517)337-1351.

If you would like to meet, at your office, with one of our Member Service Representatves, please call Yolanda Garrett at (517) 336-5749; or e-mail her at ygarrett@msms.org. ■

The author is MSMS Director of Communications.

HCFA 1500 Forms Available



The **Michigan State Medical Society** is pleased to announce a product offered through its subsidiary Abbott Press, the **HCFA 1500 Forms.** These forms are available at **$39.88/1000 for two-part carbonless,** or **$14.97/1000 for one-part forms,** plus tax and shipping.

To order, please call Heidi Van Ostran at 517-336-5761 or fax to 517-336-5797.

Michigan Clinic for TMJ/Facial Pain

Management of Temporomandibular Disorders Chronic Facial Pain, and Snoring Relief

- Conservative, Non-Surgical Management for the Jaw Joint Diseases (TMJ).
- Management for Headaches Related to TMJ.
- Management for Chronic Orofacial Pain.
- Management for Snoring With The Use of Oral Appliance(s).

At The Michigan Clinic for TMJ And Facial Pain We Utilize:

- The Most Advanced Computerized Tomography Imaging.
- Computerized Study to Detect Jaw Joint Sounds.
- We Participate With Various Insurance Plans.

Ghabi A. Kaspo, DDS

Diplomate, American Academy Of Orafacial Pain
American Pain Society
American Association For the Study of Headache
Michigan Sleep Disorders Association

Michigan Clinic for TMJ/Facial Pain

2959 Crooks Road, Suite 7
Troy, MI 48084
Office (248) 649-6610 Fax (248) 649-1605

MARK YOUR CALENDAR!

PRESENTED BY

MICHIGAN STATE MEDICAL SOCIETY
in conjunction with the
Michigan Department of Community Health
Michigan Nurses Association
Michigan Hospice Organization

PALLIATIVE CARE

Comprehensive Care at the End of Life

Thursday, April 23, 1998
8:30 a.m. to 4:30 p.m.

Kellogg Center for Continuing Education
MSU Campus, East Lansing

State and nationally recognized experts will discuss critical palliative care issues including the transition from curative to palliative care, treating intractable pain, terminal sedation and hospice eligibility: certification of terminal illness. Watch MSMS publications for more details.

For more information, please call Tom Seely at MSMS at 517-336-5770 or via e-mail at tseely@msms.org.

The physician's role in the political process



By Thomas J. Zuber, MD

I recently had the privilege of eating breakfast with Michigan Supreme Court Justice Clifford W. Taylor. Justice Taylor was appointed to the Supreme Court in 1997 by Governor Engler, and he is the 100th justice named to the state's highest court. He has been a strong supporter of medicine in his past decisions as a Court of Appeals judge. He is up for re-election in 1998.

Justice Taylor provided insight into the funding and influence by special interest groups in the political process. He confirmed many of my concerns about political action by physicians. I would like to share some of the thoughts our discussion triggered in me about the role of physicians in politics.

Physicians are viewed as hibernating through the political process. Many political groups view physicians as sleeping giants. Physicians have watched administrators and politicians change the practice of medicine, while often providing limited input into the process. Physicians are viewed as apathetic, while the opponents to medicine have stepped up their activity in the political arena. If physicians were to seriously donate their time and money to politics, then many changes would occur that would positively influence the practice of medicine.

Many physicians consider it beneath them to become involved in politics. I recall a colleague who suggested that because politics are dirty, he would never give money to support the re-election of a state representative that was from our area. Physicians must understand that the involvement of physicians is critical to educate politicians on the issues that are important to the practice of medicine and patients. Giving money does not take physicians into an unclean environment. The elitist ideology that physicians are above the political process only serves to reinforce the belief that physicians are asleep or ignorant.

Physicians that toss in $25 are not making a substantial donation into the political process. Most major state or national campaigns are now measured in the millions of dollars spent. Even a $100 per couple fund raising dinner generally does not raise enough money quickly enough for major candidates to run an effective campaign. Physicians have the resources to assist qualified candidates in their elections, and should give directly or through political action committees.

Physicians can become elected representatives, or know qualified attorneys that they can support for public office. Physicians desiring a change in their practice should consider running for public office. The American Medical Association offers training for those entering elections. In addition, physicians generally know the attorneys in their communities, and should suggest to those attorneys that support medical issues to run for public office. Physicians should be actively searching for qualified candidates that they personally know, that they can support for election to the legislature and judiciary.

The opponents to medicine are strategically working the political process. Groups such as the Michigan Trial Lawyers Association are actively promoting candidates for office. One large Southfield law firm has encouraged its members to tithe $1000 each to support candidates that will allow easier opportunities for personal injury litigation. The millions of dollars generated by these special interest groups has impact in getting individuals elected, and in future decisions that affect our society.

The medical community cannot approach politics like the League of Women Voters. Medical groups often have conducted candidate interviews like the League of Women Voters. Occasionally, these interviews may fail to clarify the true position of the candidates.

Medical groups have actually promoted candidates that then voted against medicine on key issues. Physicians need to spend time with candidates, support candidates, and find those candidates that can have the most beneficial impact for our society. Physicians that promote individuals for office can more effectively influence the process, than just evaluating those that are running.

Physicians should not be deceived that they cannot be involved in politics because they are too busy managing patients and taking care of other important things. Physicians are very busy, and often see politics as a very peripheral issue. However, other interest groups have members that are very busy, but they have made the political process a priority. Physicians often complain that they have lost their autonomy and power to make decisions for their patients. Physicians will not regain their autonomy and maintain their profession without involvement in the political process.

Physicians can host political candidates in their homes or practices. Physicians can use their homes to sponsor dinners or receptions for candidates. Some candidates have come to physicians practices after hours, allowing for the space of the waiting room to be used to greet community leaders. Some physicians have found that the practice location provides a better opportunity to discuss issues important to patients and the practice of medicine. Physicians can be innovative in the means for getting to know first-time candidates or incumbents.

To learn how to become active in grassroots action, contact Donna LaGosh at MSMS at (517) 336-5788; or e-mail her at dlagosh@msms.org. ■

Doctor Zuber is president of Midland County Medical Society and a member of MSMS.

PROGRAM IN INTEGRATIVE MANAGEMENT

THE WEEKEND MBA



Randy Hicks, M.D., V.P. and Owner, Regional Medical Imaging
Geoffrey Linz, M.D., Medical Dir., Mid-State Health Network & Mid-State Physicians
Herbert Weisenthal, D.O., Owner, Weisenthal Diagnostics
Class of 1997

The MBA for healthcare professionals who are serious about wanting to make a difference.

- **A program for working managers** on 35 Friday evenings and Saturdays at MSU's East Lansing campus.
- **Focus areas** in cross-functional management or healthcare management.
- **Innovative curriculum:** short modules, team-based, interdisciplinary.
- **Emphasis on integrating courses with applications in your workplace.**
- Does not require prior college business courses.

Applications being accepted now for July 1998.

Call to register for a November Information Session near you.

For more information:
Phone: **1-800-PIM-MSU-1** (1-800-746-6781)
or **1-517-355-7603**
E-mail: **pim@pilot.msu.edu**
www.bus.msu.edu/pim

BROAD COLLEGE OF BUSINESS
MICHIGAN STATE UNIVERSITY

MD Too often, it stands for Multiple Distractions

Everything is moving fast in healthcare today - especially the technology.

Keeping pace is a tough challenge. Add the distractions of managing a private practice plus the expense of keeping equipment up to date - and you need a minor miracle to stay on top professionally and financially.

Caylor-Nickel Clinic has been serving Northeast Indiana since 1917.
We've stayed on top by keeping in touch with technology and in touch with the needs of our physicians.

We take care of the administrative distractions while you practice with fifty highly respected and supportive physicians. As a key contributor to this top performing team, we know you will need the time and energy to focus on your family and your profession.

The most advanced technology is on-site, right at your fingertips.

At the same time, you'll enjoy all the advantages of prospering in a safe and friendly, picturesque community. If you prefer an urban environment, Ft. Wayne is only 25 minutes away.

Additional incentives include:

- Built-in referrals to maximize your income.
- The security of a competitive salary guarantee plus bonuses.
- Automobile program.
- Fully paid malpractice insurance.

If the distractions of your practice have diverted you from your personal and professional goals, we invite you to visit Caylor-Nickel Clinic.

Openings exist at our progressive 50 physician group, for doctors specializing in:

- Dermatology
- Emergency Medicine (FP/IM)
- Family Practice
- Internal Medicine
- Orthopedic Surgery
- Pediatrics
- Rheumatology

For a full description of the physician's role and rewards with Caylor-Nickel Clinic, call Gregg Kurtz, CPC at 1-800-756-2663.

Caylor-Nickel Clinic, P.C.

One Caylor-Nickel Square • Bluffton, Indiana • 46714

ISSUES BRIEF

Tear this article from the magazine and share with colleagues or file for reference. This issues brief is in an important new series of backgrounders prepared for MSMS members. Look for future briefs in coming issues of the magazine. The briefs also can be found on the MSMS Internet home page for downloading. Please call MSMS at (517) 337-1351 for additional copies of this brief for your patients and colleagues.

Senate Bill 104: Nurse Prescriptive Privileging

A dangerous bill lingers in the Michigan Senate, a bill that could harm the citizens of Michigan. The passage of this bill could change the course of health care today—it would make it possible for nurses to replace doctors in some health care settings. Michigan law currently states that nurses are able to prescribe medication with the supervision of a physician. This means that the physician's name, but not necessarily the signature, must appear somewhere on the prescription pad. In addition, certain written protocols should exist between the physician and the nurse. Therefore, under the current law, there is no reason why nurses should be able to write their own prescriptions independent of a physician.

Senate Bill 104 would allow nurses to prescribe medications semi-independently.

Make no mistake about it, the nurse's intention is to practice independently from physicians. This has been made clear by the American Nurses Association on numerous occasions. This is too great a risk for Michigan to undertake. Nurses do not have the medical knowledge in pharmacology or the experience to accurately and effectively provide quality health care for patients independently. "Diagnosis" of a patient currently is not included in a nurse's legal scope of practice, hence the patient could receive the wrong treatment for an ailment. More malpractice suits and ineffective care could be the result. **Doctors still will be held liable for nurses' potential mistakes—even if the law is changed.**

Other arguments have stated that allowing nurses to prescribe would improve access for patients. This isn't true. In the past 20 years, 10 states have adopted a policy similar to SB 104. Of those 10, three states have reinstated physician supervision requirements. Independent prescriptive privileges being granted to APN's have not improved access in any of these states. Patients in Michigan, therefore, would not have improved access to health care if this legislation were to pass.

Nurses' education and training is much different than physicians'. Whereas physicians go through a minimum of eleven years of education and training, advanced practice nurses have a maximum of six years.

Nurses claim that they have more pharmacology education and training than physicians. This simply is not true in any manner. Physicians receive thousands of hours of education and training in pharmacology throughout medical school and their residency. Nurses do not have this training or experience and do not actively learn about the mechanisms by which drugs produce their beneficial effects as well as adverse side effects. Physician training is obtained through direct one-on-one training with other skilled physicians and with patients.

Sen. John Schwarz, MD (R-Battle Creek), who sponsored the bill, believes that this bill is necessary to reflect the current practice of health care. Most physicians, however, believe that patients receive the best care when doctors and nurses work together in a team setting. And, this is a model that needs to be reflected by Michigan's law.

This legislation will not reduce costs for the patients, as claimed by nurses. Perhaps most importantly, this legislation could also reduce the quality of health care that the patient receives and therefore put patients at risk.

The best way for patients to receive the highest quality of health care in Michigan is by physicians and nurses working together in a team setting. Under this system, the physician establishes protocols with a nurse that

allow the nurse to write prescriptions—a practice already allowed under Michigan law. The physician-nurse team helps to ensure that the patient receives the highest quality heath care as well as helping to reduce costs.

Physicians, MSMS needs you immediately to write, call, e-mail, or fax your Senator and Representatives to let them know why the current law should not be changed, and the dangers involved in Senate Bill 104. Or you may contact Greg Aronin to help set up a grassroots meeting in your district. Please act now. The risk is too great for the state of Michigan to let this dangerous legislation progress.

For Further Information

For further information, please contact Greg Aronin, director, Government Relations at (517) 336-5739; or via e-mail at garonin@msms.org; or Christine Shearer, chief, State Government Affairs at (517) 336-5737; or via e-mail at cshearer@msms.org. Or check out our website at http://www.msms.org.

The truth behind Senate Bill 104.

Myth: **Nurses are not allowed to prescribe medication.**

Fact: Michigan law allows nurses to write prescriptions if the physician's name appears on the prescription pad and written protocols exist.

Myth: Allowing nurses to prescribe medication will improve quality health care.

Fact: The physician-nurse team is the best way to ensure the highest quality of health care.

Myth: Allowing nurses to prescribe medication will improve access to health care.

Fact: Similar legislation in other states has not lead to an increase in access to health care. Studies indicate that access would not improve in Michigan as a result of this type of legislation.

Myth: Allowing nurses to prescribe medication will reduce costs.

Fact: This is entirely false! More prescriptions will be written because more people would be able to write prescriptions. Cost would go up.

Myth: Nurses are better trained in pharmacology.

Fact: This assertion, made by the Michigan Nurses Association, is absurd and unfounded. Physicians have more pharmacology training in medical school and in their residency requirements. In addition, their [physician's] pharmacology education and training is more advanced and more thoroughly integrated into routine patient care.

Myth: **Nurses can legally diagnose today.**

Fact: Current law specifically does not include "diagnosis" as part of a nurse's scope of practice.

List of Senators' Phone and Fax numbers:

Name	Phone (517)	Fax (517)
Loren Bennett, R-Canton	373-7350	373-9228
James Berryman, D-Adrian	373-3543	373-0927
Michael Bouchard, R-Birmingham	373-2523	373-5669
Bill Bullard, R-Milford	373-1758	373-0938
Dianne Byrum, D-Lansing	373-1734	373-5397
John D. Cherry, Jr., D-Clio	373-1636	373-1453
Jon Cisky, R-Saginaw	373-1760	373-3487
Joseph Conroy, D-Flint	373-0142	373-3938
Ken DeBeaussaert, N. D-Baltimore	373-7315	373-3126
Dan DeGrow, R-Port Huron	373-7708	373-1450
Christopher Dingell, D-Trenton	373-7800	373-9310
Mat Dunaskiss, R-Lake Orion	373-2417	373-2694
Joanne Emmons, R-Big Rapids	373-3760	373-8661
Harry Gast, R-St. Joseph	373-6960	373-0897
Robert Geake, R-Northville	373-1707	373-3935
Joel Gougeon, R-Bay City	373-1777	373-5871
George Hart, D-Dearborn	373-6820	373-3101
Philip Hoffman, R-Horton	373-2426	373-2964
David Jaye, R-Macomb	373-0843	373-5958
Donald Koivisto, D-Ironwood	373-7840	373-3932
George McManus, Jr., R-Traverse City	373-1725	373-0741
Arthur Miller, Jr., D-Warren	373-8360	373-9230
Walter North, R-St. Ignace	373-2413	373-5144
Michael O'Brien, D-Detroit	373-0994	373-5981
Gary Peters, D-Pontiac	373-7888	373-2983
Dick Posthumus, R-Alto	373-0797	373-5236
Mike Rogers, R-Howell	373-2420	373-2764
Bill Schuette, R-Midland	373-7946	373-2678
John Schwarz, MD, R-Battle Creek	373-3447	373-5849
Dale Shugars, R-Portage	373-0793	373-5607
Alma Smith, D-Salem Township	373-2406	373-5679
Virgil Smith, Jr., D-Detroit	373-7748	373-1387
Henry Stallings, II, D-Detroit	373-0990	373-2773
Glen Steil, R-Grand Rapids	373-1801	373-5801
Leon Stille, R-Spring Lake	373-1635	373-3300
William Van Regenmorter, R-Hudsonville	373-6920	373-2641
Jackie Vaughn, III, D-Detroit	373-7918	373-2238
Joe Young, Jr., D-Detroit	373-7346	373-9320

House Health Policy Committee

Joseph Palamara, D-Wyandotte	373-0140	373-5970
Mark Schauer, D-Battle Creek	373-0555	373-5909
Paul Wojno, D-Warren	373-2275	373-7316
Sharon Gire, D-Clinton Twp	373-0159	373-5746
Michael Griffin, D-Jackson	373-1795	373-8728
David Gubow, D-Huntington Woods	373-0478	373-8728
Burton Leland, D-Detroit	373-6990	373-8728
Raymond Murphy, D-Detroit	373-0589	373-8145
Kirk Profit, D-Ypsilanti	373-1771	373-5970
Samuel Thomas, D-Detroit	373-1782	373-5977
Bev Hammerstrom, R-Temperance	373-0828	373-8872
Penny Crissman, R-Rochester	373-1773	373-5919
Gerald Law, R-Plymouth	373-3816	373-5919
John Llewellyn, R-Fremont	373-7317	373-8872
Andrew Raczkowski, R-Farmington Hills	373-1793	373-8501
Sue Rocca, R-Sterling Heights	373-7768	373-6970
Judith Scranton R-Brighton	373-1784	373-6970

Michigan Institute for Medical Quality

Developing a physician-directed quality movement

By Paul O. Farr, MD

Many different organizations are developing programs that influence patient care. Large employers and coalitions, state and federal programs, hospitals and health systems and health plans all have an interest in monitoring utilization and costs. The common denominator for all of these programs is that they influence how physicians deliver care to patients and can ultimately affect the quality of that care.

Physicians are hearing more about continuous quality improvement (CQI) and total quality management (TQM), and some are getting involved in or initiating programs to measure and maximize the quality of the care they deliver. Many others, however, may only get involved when programs are forced on them by outside organizations. The level of practicing physician involvement in the development of these programs directly influences how well they actually improve medical care.

MSMS is taking the lead in merging these two forces: the interests of physicians and the interests of outside organizations in measuring and maximizing the quality of medical care. The newly formed Michigan Institute for Medical Quality (MIMQ) will be a resource center for physicians on quality of care issues and will provide a structure for collaborating with other organizations that are interested in quality measurement. The functions of MIMQ are education, community outreach and research. The key principles of the Institute are:

- We assume physicians want to improve their performance.
- Measurement is only useful if there is a model for improving performance based on that measurement.
- Physicians must be active participants in the definition of quality and in the development of measurement tools.
- Quality improvement depends on the ability to modify the behavior of patients, purchasers and providers, not just collection of good data about performance

Audiences

Physicians—Because MSMS members have different needs regarding quality of care issues, different approaches and tools will be necessary. Some will need basic education on why changes in the environment make quality improvement so vital and on how such programs can benefit the physician in day-to-day practice. Others will already embrace these concepts and will need knowledge on what programs or tools are available. Some physicians will want to become champions of such programs in a group or institution and will need to learn how to promote these ideas with their peers. Still others may want to participate in pilot projects or serves as development centers for new tools.

Outside organizations—MIMQ will engage a variety of outside groups. Some of these relationships will allow collaborative work and provide a forum for physician input, such as with health plans, large employers and business coalitions. Others, such as the universities, private vendors, large medical groups that are conducting their own programs and educational consultants can provide resources and expertise that will enhance MIMQ projects and the services it can provide to physicians. In all of

these affiliations, MIMQ will have to balance physician members' needs with the value provided to the outside organizations themselves.



Paul O. Farr, MD



Julie Lester

Benefits to MSMS member physicians

MSMS already is engaging in many activities that address quality and data issues, such as the development of utilization management principles, discussions with health plans and employers about profiling programs, and ongoing activities relating to practice guidelines. The Institute will:

- Coordinate quality assessment activities and create a central identity for them.
- Allow the identification of additional sources of expertise for these efforts.
- Formalize the input of other organizations into these efforts, thereby increasing their strength, viability and utility.
- Allow for the development of a consortium of partners and possible outside funding of these activities.
- Ensure that quality assessment and quality measurement programs are oriented toward improving care and providing information of value to physicians, employers, payers and government.

Individual MSMS members, whether in solo or group practice, part of a Physicians Organization (PO) or an integrated delivery system, will have access to standards that will allow them to create sound quality improvement programs, evaluate programs being imposed on them by other entities, and assess tools they may want to incorporate into their own practices to monitor and improve the processes of care and demonstrate to other organizations the value of care delivered. These standards will allow them to identify programs that are based on the best scientific evidence and are used as part of a sound medical management model.

In addition to developing standards that aid individual physicians, the Institute will itself be a force for greater change. By building a coalition with other organizations that either have expertise in quality measurement or are developing quality programs of their own, we can encourage a more organized approach and ensure that these programs support physicians in their efforts to care for patients.

Benefits to outside organizations

Current market forces have made physician-directed programs very desirable. Most organizations want to be able to say that they are working with physicians and are soliciting their input into their plans and programs. The way that they get that input can be meaningful or it can just be a marketing strategy. What will ensure that the input is meaningful is coordination of knowledge and resources. The Institute will draw on the "best-of-the-best" in any given area, and make this information available to physicians who are involved in activities all over the state, thereby supplementing their own expertise and ensuring that appropriate medical standards are being applied universally.

The outside organizations will benefit by having the endorsement of their programs by a truly representative physician presence. They will benefit from the information exchange, which will allow them to educate physicians on their

continued on next page

continued from previous page

concerns and perspectives, and be educated in return. Also, as a consortium, the Institute will be in a better position to access foundation funding for research projects that bridge common interests.

Development plans

At its November meeting, the MSMS Board of Directors appointed a 20-member steering committee for the Institute. The steering committee will meet in January to discuss the mission of the Institute, strategies and projects, and the role of outside organizations. Several projects will be reviewed by the steering committee, including educational initiatives for physicians, an antibiotic resistance program, practice guidelines efforts, the American Medical Accreditation Program, and physician performance data from health plans.

For additional information about MIMQ, please contact Julie Lester, MHSA, at MSMS at (517) 336-5768; or e-mail her at jlester@msms.org/ ■

Doctor Farr is chair of the Michigan Institute for Medical Quality Steering Committee, a practicing gastroenterologist in Grand Rapids, on the MSMS Board of Directors and vice speaker of the MSMS House of Delegates.

Physicians Leasing Company, Inc.

Lease or purchase program

(Another Excellent MSMS Member Benefit Program)

Fleet Pricing - Leasing/buying through PLC assures you of receiving all available rebates and incentives - retail, dealer and fleet.

Delivery - No longer do you have to take time out to take delivery of your new vehicle. PLC brings it right to you, either at the office or at home.

Shopping - With our fleet connections we do the shopping for you. PLC experts will find the lowest available price for that special car you want.

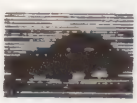
Financing - PLC can take care of it all, purchase, lease, First Time Buyer, and Intern Financing, at the lowest rates available.

Trade-Ins - Yes, PLC will even take in your old car. We will do it all by phone to save you the headaches.

Used cars - Looking for a second car? A car for the kids? Give PLC a call; we always offer a fresh supply of good clean trade-ins.

Contact our staff today!

The important first step on the way to your next car!



(800)759-8880

An Endorsement You Can Trust.

MSMS has insurance for every physician's needs...



Jaak M. Pahn, MD
Sault Ste. Marie



Willard S. Stawski, MD
Grand Rapids



Howard Comstock, MD
East Lansing



Steven G. Fettinger, MD
Saginaw

When it comes to offering a variety of insurance programs for physicians, and top-notch customer service to back them up, there's no equal to MSMS Group Insurance Trust.

Trust us to keep you informed and covered. Contact an MSMS Group Insurance Trust representative today to review your coverage. Call toll-free (800)748-0195, fax us at (517)337-2590, or send E-mail to msms@msms.org

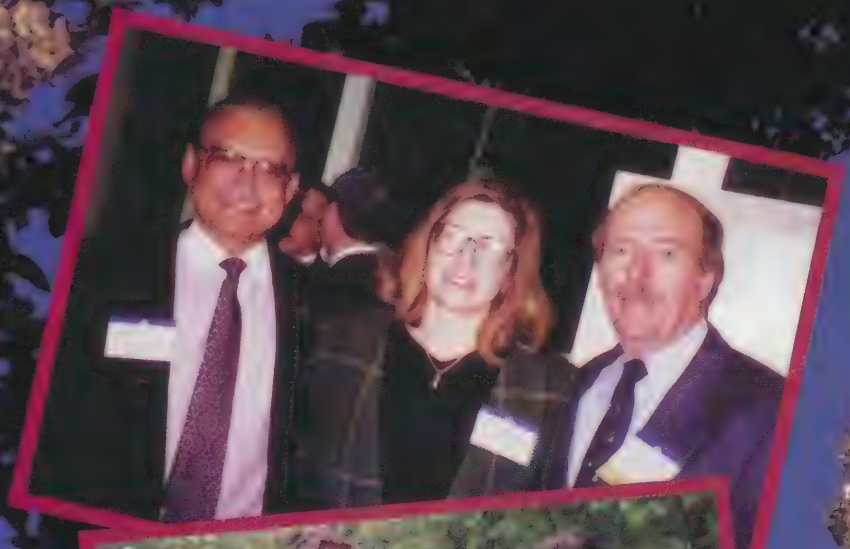
❖ SUPPLEMENTAL COVERAGE TO MEDICARE ❖ INDIVIDUAL OR GROUP HEALTH AND DENTAL INSURANCE ❖ DISABILITY ❖ LIFE ❖ BUSINESS INSURANCES ❖ CAPITATION STOP-LOSS ❖ WORKERS' COMPENSATION

MICHIGAN STATE MEDICAL SOCIETY 1866

Michigan State Medical Society
GROUP INSURANCE TRUST

120 W. Saginaw East Lansing, MI 48823
(800)748-0195
http://www.msms.org/

LAWMAKING







How to be heard in Lansing and Washington

The new year brings a flurry of activity in Lansing and Washington—and that ought to concern Michigan physicians. It ought to spur thinking doctors to find out what state and national lawmakers are up to, to find out what bills are being introduced and to learn how to get medicine's views front and center when our patients and our professions are at stake.

This issue of Michigan Medicine *is dedicated to just that purpose.* Michigan Medicine *presents previews of key state and federal legislation in the hopper. We describe the intent of the bills, how they would affect medical practice in Michigan, and who's behind them.*

More importantly, we offer our readers several avenues for getting involved. Will you join your politically savvy colleagues to add clout to medicine's message? Want to testify before the committees hearing the legislation? Want to help elect legislators who will listen to patients and doctors?

Find all these opportunities in these pages. Read on to understand our top-ranked success in the political arena.

Physicians must advocate, or all their knowledge goes untapped

By Mark D. Kolins, MD; Thomas E. Stone, MD; Peggyanne Nowack, MD

In one way or another, government regulation affects your medical practice. Whether it is the fee schedule you receive from Medicare or a mandatory hospital stay for a new mother, decisions in Lansing and Washington, D.C. are making an impact in health care. As physicians, we are a highly valuable source of information, and therefore need to contribute our expertise to the political processes that will shape public policy for the future. Physicians must realize that without advocacy, all of our knowledge will remain untapped by our lawmakers.

Other than being a registered voter, there are no prerequisites for being an effective advocate for physicians and their patients. As a voter, you are the one who elects your legislators; they are your public servants. Elected officials realize that they derive their authority from the voters, and that it is prudent for them to be responsive. However, do not limit your support of a candidate solely to the ballot box—be a vocal constituent for their entire term! Lawmakers need input from their constituents to make decisions representative of their districts. It would be virtually impossible for each representative to know the content of each bill. As constituents and health professionals it is our job to communicate our concerns as well as those of our patients to help our lawmakers make the most informed decisions possible.

How does one effectively pique the interest of a legislator? A huge rally on the steps of the Capitol is one very elaborate and effective way for generating support for an issue. However, since it may not always be practical to organize 10,000 of your closest friends, what is a political advocate to do? **Never underestimate the impact one person can have. Something as simple as drafting a letter, sending an e-mail, or even making a phone call can have a much larger effect than you realize.** Since it is not feasible to survey each member of a district for every vote, many legislative offices multiply letters by a factor of 50 or more to represent perceived public support (i.e., if they get 100 letters on an issue, they are counted as 5,000). **Correspondence between you and your legislator is crucial to the political process, and is a highly effective method for voicing your concerns.**

Even though your Senator or Representative may have an extremely busy schedule, be assured your letter or other correspondence will be read, and your position recorded. However, realizing that your legislators have many demands placed on their time is important when composing your letter. The following points can be very helpful in presenting an effective letter or e-mail to your legislator:

- **Keep it simple** Focus on one issue, include bill numbers, and make sure it is written in a clear and concise fashion. Getting to the point is the best way of getting their attention.
- **Act early** Contacting your lawmaker while a bill is still at the committee level will increase their ability to make an impact.
- **Be original** Avoid using form letters, as these letters are not taken as seriously by legislators and their staff.
- **Be nice** Do not threaten to withdraw support if a lawmaker does not agree with your position on a bill. Building a good relationship with your legislator over time will be beneficial on other issues in the future.



Mark D. Kolins, MD



Thomas E. Stone, MD



Peggyanne Nowack, MD

- **Be persistent** How can you expect your legislator to be a strong supporter of a cause if you are not?

These few simple guidelines underscore just how attainable it is for physicians to make an impact at both the federal and state levels. We, as physicians, are viewed as healers as well as leaders in our communities. As such, our potential for becoming a strong and vocal segment of the electorate is unlimited. However, if we are not good advocates of sound health care and patient rights, then we are subjecting ourselves to the regulations and laws that do not have our input. I strongly encourage all of you to familiarize yourselves with the federal and state issues currently affecting health care, and then contact your legislators to make your voice heard.

MSMS role in state government

MSMS has been very successful in moving toward our state legislative initiatives. By working together with physicians and patients, MSMS has been able to secure the introduction of new legislation as well as passing other key MSMS-priority legislation.

House Bill 4280, which recently passed the State House of Representatives, creates a standard enforcement of the seat belt law. The bill must now pass the Michigan Senate. The House approval of this bill is to be an initial victory for MSMS, which holds protecting and improving the public's health and safety as one of our most important initiatives. House Bill 5269, Physician Referral Clarification Legislation was introduced in the 1997 Fall session. It allows physicians to refer to entities in which they have a financial interest if certain conditions are met. This legislation is a huge gain over the Michigan Board of Medicine ruling of 1988, which stated that *referring* a patient actually means *directing* or *ordering*.

This legislation is important because it will give physicians the ability to compete within the health care marketplace. Yet, the legislation still will protect patients from potential abusers. Currently, this legislation is pending in the House Health Policy Committee.

MSMS, and more importantly, the people of Michigan, suffered a setback when Senate Bill 139 passed in October. This legislation allowed optometrists to treat glaucoma by administer-

Never underestimate the impact one person can have. Something as simple as drafting a letter, sending an e-mail, or even making a phone call can have a much larger effect than you realize.

ing anti-glaucoma medication to their patients. MSMS vigorously fought to make sure that this bill did not go through. When it did pass the Senate, MSMS actively sought two amendments to the bill that would force optometrists to consult with ophthalmologists before administering anti-glaucoma medication. Currently, this legislation is pending on the House floor, where MSMS still is fighting it. Scope of practice legislation continually arises and MSMS will continue to fight to ensure that patients receive appropriate care.

In addition, MSMS will continue to move forward with other important legislation such as: Peer Review Immunity (which was reported out of the Senate Health Policy Committee), Managed Care Liability, Utilization Review, Patient Choice of Provider, Coverage for Emergency Services, Nurses Prescriptive Privileging, the Practice of Interstate Medicine, Legal Recognition of Physician Sponsored Networks and Pain Management.

Further, MSMS has had many grassroots meetings with legislators and physicians to discuss many of the aforementioned issues. Through these meetings, physicians have had an opportunity to make a difference with health care legislation in Michigan.

MSMS is confident that with the active involvement of physicians, their spouses and their patients, these and many other important issues can be more effectively handled by the legislature, thereby ensuring the highest quality of health care in Michigan.

"We are in a new era of health care delivery and, as physicians, we need to reexamine laws for the betterment of our patients and our profession."

Cathy O. Blight, MD

What's ahead on the national horizon

During any yearly legislative cycle there can be up to 4,000 bills that are considered in each of the U.S. House of Representatives and the U.S. Senate. It is important to keep our legislators informed, but it is equally important to raise the level of awareness among our peers and the public. It requires time and research to stay up to date on the latest issues confronting the health care community, but if we do not take the time now we will certainly feel the pinch in the future. The following summaries will provide a brief overview of pending federal legislation that currently affects health care.

The Employee Retirement Income Security Act of 1974 (ERISA) was originally intended to protect employees from pension fund



Sen. Mike Bouchard (R-Birmingham) (left), and David Altman, MD, meet at a physician-hosted event honoring Sen. Bouchard.



Tom George, MD, (right) and Paul Stevenson, MD, (left) speak with Sen. Dale Shugars (center) (R-Portage) at a physician-hosted fundraiser for the Senator.

mismanagement, and to encourage employers to sponsor benefit packages. To facilitate these aims, ERISA included a preemption of state law, to ease any existing regulations that deter the formation of employer-sponsored benefit plans. Unfortunately, the preemption clause has been used by managed care organizations (MCOs) as a way to escape liability. Likewise, it protects MCOs from performing up to any mandatory standard of care as prescribed by the state government, making them conform to the less stringent guidelines of ERISA.

Cathy O. Blight, MD, president-elect of MSMS, has personally encountered the obstacles created by ERISA. "During the debate over the Michigan Patient Bill of Rights, insurance companies tried to hide behind ERISA for reasons it never intended," says Doctor Blight. "We are in a new era of health care delivery and, as physicians, we need to reexamine laws for the betterment of our patients and our profession."

Three bills already have been introduced in attempts to reform ERISA. **House Resolution 1789**, the Managed Care Accountability Act, introduced by Pete Stark (D-CA) and Dale Kildee (D-MI) seeks to make MCOs liable for any medical decisions they make including cost containment and utilization review. **House Resolution 1415,** the Patient Access to Responsible Care Act, introduced by Charles Norwood (R-GA) would repeal the state preemption clause contained within ERISA, thereby making all health plans subject to state regulation. **Senate Bill 1136,** The Employee Health Insurance Accountability Act, introduced by Dan Durbin (D-IL) also seeks to repeal the state preemption clause of ERISA and return all medical malpractice to the jurisdiction of the states.

Gag clauses are provisions in contracts between physicians and health plans that prohibit physicians from discussing treatment options not covered by the health plan. The Health Care Financing Administration already has required health plans to eliminate any gag clauses applying to Medicare and Medicaid recipients. However, there is no such protection for patients in the private sector. **House Resolution 586,** the Patient Right to Know Act, introduced

"It is important that physicians address these issues so that their patients can and will be treated appropriately, as well as themselves . . . The only way to bring that about is to be involved in the process."

Michael Sandler, MD

Want to testify on a bill in Lansing? Take the physician's viewpoint to Washington? Contact Greg Aronin at (517) 336-5739, or garonin@msms.org for state-level issues; or Kevin A. Kelly at (517) 336-5742, or kkelly@msms.org for federal issues.

"The world is run by those who show up."
Kevin A. Kelly



The 1995 Michigan Contingent meets with Rep. James Barcia (D-Saginaw) at the AMA Political Education Conference.

by Greg Ganske (R-IA) would make any gag clause illegal.

Patients who are poor and elderly often qualify for both Medicare and Medicaid, and therefore have **dual eligibility.** In these cases Medicare is the primary payer and pays the physician the usual amount minus the deductibles and coinsurance amounts. The remaining sum is to be covered by Medicaid. The Balanced Budget Act of 1997 specifies that the total amount paid by both Medicare and Medicaid need only to be equal to the Medicaid rate. Medicaid rates are less than that of Medicare leaving the physician to absorb any costs not covered by Medicare. At present, there is no pending legislation on this issue.

As Health Maintenance Organizations and other managed care entities continue to play an ever increasing role in the health care market, it is important to continue to assure a level of consumer protection for HMO enrollees. Currently, an HMO could deny a patient an operation that could increase the quality of life but is not considered medically necessary to their well being.

The Kyl Amendment sought to allow Medicare beneficiaries the option of privately contracting services with their physician. However, among the safeguards included in the amendment was the requirement of the privately contracted physician to agree to not submit any Medicare claim for a two-year period. **House Resolution 2497** introduced by Bill Archer (R-TX) and **Senate Bill 1194,** introduced by Senator Kyl both attempt to repeal the provision prohibiting physicians from accepting Medicare beneficiaries for a two-year period.

The future of health care

ERISA reform, the Kyl Amendment, gag clauses and dual eligibility reimbursement represent a brief overview of the issues confronting health care today. Although it may not be apparent, these issues will shape the future of health care.

"It is important that physicians address these issues so that their patients can and will be treated appropriately, as well as themselves," says Michael Sandler, MD, a diagnostic radiologist



(left) Sen. Dale Shugars (R-Portage) meets with Peter A. Duhamel, MD, MSMS President (center); and Cathy O. Blight, MD, MSMS President-Elect (right).



Krishna K. Sawhney, MD (center) chats with Rep. Sander Levin (left, D-Saginaw) and Sen. Carl Levin (right, D-MI) at an AMA Congressional reception in Washington.

Help choose and support medicine's candidates by joining Michigan Doctors Political Action Committee. Contact Donna LaGosh at MSMS at (517) 336-5788, or dlagosh@msms.org.

from Wayne County. "The only way to bring that about is to be involved in the process."

As physicians we can play an integral role in determining whether the future of health care is a success or a failure. I strongly encourage you to understand how these issues affect your practice and your patients. **Do not be content only with being informed, take the next step and become involved.**

If you would like any further information or if you have any questions regarding pending federal legislation, please contact Kevin A. Kelly, managing director of MSMS at (517) 336-5742 or by e-mail at kkelly@msms.org. You also may contact Colin J. Ford, executive office intern at (517) 336-5708 or by e-mail at colin@allstaff.msms.org.

For questions on state and local legislation, please contact Greg Aronin, director of Government Relations at MSMS at (517) 336-5739; or e-mail him at garonin@msms.org. You also may contact Adam D. Stone, Governmental Relations office intern at (517) 336-5757 or by e-mail at astone@msms.org. ■

Doctor Kolins is on the MSMS Board of Directors, and Chair, Legislative Policy Committee; Doctor Stone is Chair of the Committee on Federal Legislation; Doctor Nowark is Chair of the Committee on State Legislation and Regulations.

Jaime Aragones, MD

"Lifting a burden" from others

By Ralph D. Ward

For Jaime Aragones, MD, it's been a long way from his origins in the Philippines to his current private practice as an ophthalmologist in Rochester Hills. In another sense, though, the Philippines remain no further away than Doctor Aragones' last working vacation — and a hard-working vacation at that.

Doctor Aragones left his native Philippines for the United States in 1957 for medical training, eventually making his way to Michigan. He took general practice training at Oakwood in Dearborn, and then ophthalmology study at Grace Hospital in Detroit. By the 1970s he was married and well established in his specialty. In 1977, he made his first visit back to the Philippines in 20 years. "At that time I was overwhelmed by the amount of blindness I found," recalls Doctor Aragones. Aside from problems with poverty and living conditions, the tropical climate of the Philippines encourages eye disorders. The most common vision problems relate to untreated cataracts, followed by glaucoma, eye tumors, growths on the eye surface and various cancers. Some very treatable disorders were causing blindness due to the lack of affordable treatment — or any treatment at all.

"I thought that, being an eye doctor, I should help, but the numbers were so enormous that all I could offer was a band-aid job." Returning to the United States, Doctor Aragones began researching how many Philippine-native eye doctors were in the states. He contacted them, and organized a private aid network—the Association of Philippine Ophthalmologists in America—in 1981. As the group's founding president, Doctor Aragones led the doctors in launching free eye care missions back to the Philippines.

These missions, which typically last five days, take a small group of about four physicians to underserved areas of the country, often in remote rural regions. A local ophthalmologist usually acts as host, handling paperwork and lodging at the Philippine end, while the mission doctors serve as a temporary, expanded support staff for the local doctor. "Our role is supportive rather than primary . . . it's important that the locals feel responsible for care in their own country."

The local ophthalmologist also handles follow-up treatment. The hectic schedule of examinations and surgeries lasts less than a week, but every minute is put to use. "We usually work from 7 a.m. until past midnight, so five days is about all we can take." In a pinch, the visiting doctors often are drafted into general and emergency practice as well, delivering a number of babies over the years. Since the program was launched, over 10,000 patients have been treated.

"I feel all of us in our own special way must help lift the burden from someone. I feel like we're making a difference in the world."

The success of the program, as well as the early involvement of physicians who had immigrated from countries other than the Philippines, have spurred missions to other countries in need. Mexico, Thailand, Peru and countries in the Middle East have all benefited from the doctors' missions. A mission to Peru last spring depended on llamas to help in the high-country transport of supplies and equipment. So far, a total of 17 care missions have been launched—with an 18th, to Thailand—set for January 1998.

As the number of doctors has increased over the years from a handful to over 140, the expense of care missions has soared. Several years



Doctor Aragones and his wife, Lou, hand out supplies during one of their medical missions.

ago, Doctor Aragones approached his local Rotary Club for support, and Rotary has since become a major supporter of the program.

As if he weren't already busy enough, Doctor Aragones' time can be even further diverted from his Michigan practice and mission program through his reservist status in the Michigan National Guard. Activated in 1991, during the Gulf War, he was one of only two doctors in the U.S. forces to receive a Bronze Star for his service.

Doctor Aragones has witnessed the growing success of the eye care program with pride. "I feel all of us in our own special way must help lift the burden from someone. I feel like we're making a difference in the world." ■

The author is a Riverdale-based freelance writer.

"Our role is supportive rather than primary . . . it's important that the locals feel responsible for care in their own country."

The Syversons

Family, community take top priority

By Karen Bouffard

For Battle Creek Surgeon Dale L. Syverson, MD, and his wife Lorrie, life's priorities are clear: They'd rather spend time with their children than do just about anything else.

"I'd rather go to a soccer meeting than a medical meeting, in terms of what I get out of it," said Doctor Syverson, a colon, rectal and general surgeon with the Colon and Rectal Surgery Center of Battle Creek."Our motivation has been to help enrich our children's lives by being involved in things that can help them develop. You have to prioritize your obligations. Sometimes you have to miss some medical meetings," he added. "It's always a choice that physicians make. I've always reserved time for my life away from medicine. If you look, you can find the time."

"I've always reserved time for my life away from medicine. If you look, you can find the time."
Dale Syverson, MD

Lorrie adds, "Most physicians families think about exposing their children to a great many activities that lots of other children don't have the opportunity to do. I like being involved in things that support not only my children, but a lot of other children as well."

Parents of Erik, 17, and Amy, 11, the Syversons have long been involved in the Calhoun County community. Doctor Syverson, who has represented the county as a delegate to MSMS, is vice president of the River Oaks Soccer Club and Community Representative to the West Michigan Youth Soccer Association. He is also an assistant coach for his son's soccer team.

Lorrie is co-vice president of the Calhoun County Medical Society Alliance, and serves on the scholarship committee. She has been active on the local soccer scene as a volunteer Division-5 girls commissioner for the American Youth Soccer Association Region 212. Both are involved in the First Presbyterian Church of Richland, where Lorrie is a choir member, and leader of the children's choir.

"Getting involved in the community and the schools is important in supporting our children," said Lorrie, who teaches Project Charlie, a drug avoidance education program similar to DARE, to fourth-graders. She's also active in the parent teacher associations of their children's schools.

"There is a real need out there — in this day and age when most parents are working—for people with the time to get involved," she added. "There are many programs that the schools don't have the staff and resources to do without parent involvement."

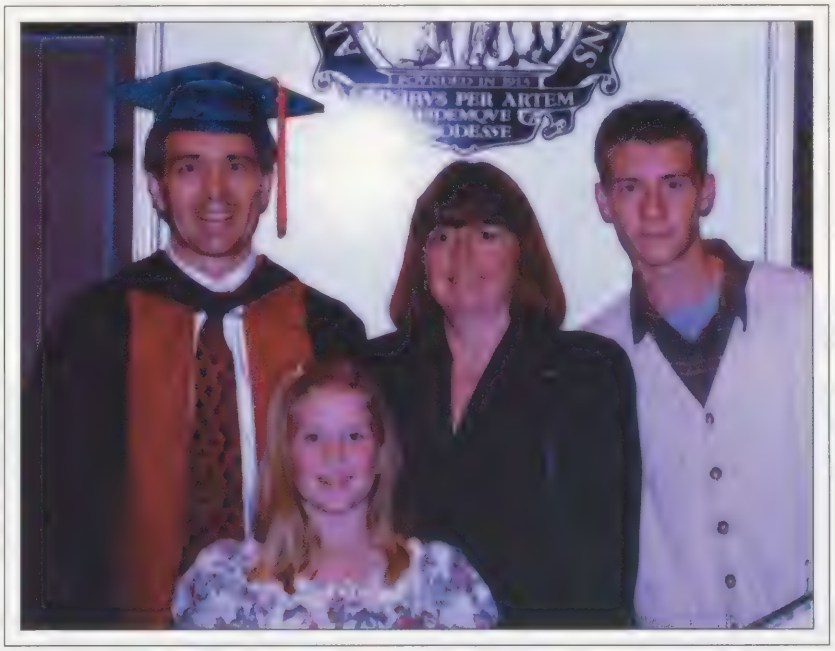
Lorrie, who worked as a university administrator until her children were born, returned to work last February at the urging of her friends at the local YMCA. She now works two days per week as the registrar for YMCA Camping and Retreat Services of Sherman Lake – a job that suits her interest in community involvement.

"I like working there because I see they're giving to the community," she said of the camp, which accommodated 1,900 participants last year. "All of their programs incorporate the principles of honesty, caring, respect and responsibility. I like the idea of doing something where you can feel an effect on the community – especially children."

According to Doctor Syverson, the family's focus on togetherness has had positive results.

"As a family, we communicate well. We've made it through pre-adolescence and adolescence and remained close as a family," he said, noting that a current goal is helping Erik select a good college and prepare for high school graduation. Amy's present focus is on being a member of the Ginger Bread Chorus in a Western Michigan University production of the operetta, "Glitter."

"In order to be close to your children," Doctor Syverson added, "you've got to be involved with them. If you're with them a lot and take part in the things they like to do, they feel closer to you – and they feel that they can talk to you."



Doctor Syverson and his family recently were recognized for their volunteer efforts in conjunction with MSMS during "Doctors and Their Families Make a Difference" campaign.

"There is a real need out there — in this day and age when most parents are working— for people with the time to get involved."

Lorrie Syverson

Added Lorrie, "The important thing is that my children get a well-rounded exposure to the world – and a sense of community has a lot to do with that."

"I hope my children will some day help support the community as well." ■

The author is a Williamston-based freelance writer.

TWO MEN AND A TRUCK®
"Movers Who Care"®



WE MAKE HOUSECALLS... OFFICE CALLS TOO.

You're facing a business move.
You're stressed.
It's time to call the movers in the business of moving.
We offer all the support you'll need, including packing and unpacking service and a complete line of professional packing supplies. Many of our franchises even offer overnight service, all to keep your down time to a minimum. From Holland to Pt. Huron, from Marquette to Macomb, we'll make moving your practice painless.
Call us for a free consultation.



TWO MEN AND A TRUCK®
"Movers Who Care"®
www.twomen.com

© 1997 TWO MEN AND A TRUCK®, INTL., INC.

David Pastoor, MD

Mackinac Island physician

By Ralph D. Ward

To live in Michigan is to, sooner or later, vacation "up north," and one of the most popular destinations is Mackinac Island. Most of us are familiar with the island as a scenic and historic summer tourist destination, although at this time of year Mackinac, with its snow and low temperatures, is little on our minds.

"Summer practice at Mackinac appeals to the residents, and practicing here gives them the chance to do a lot of things they might not in other rotations."

But, in summer glamour or winter isolation, good health care is a constant need, and David Pastoor, MD, and his associates at the Mackinac Island Medical Center are ready to deliver. "The longer I stay the harder it gets to leave," observes Doctor Pastoor, a family practitioner who first joined the medical center in November 1991.

After completing his residency at Pontiac General in June of that year, Doctor Pastoor worked in various emergency rooms in the lower peninsula. But a few months later a query came from Mackinac for a part-time acting medical director. "They asked me to cover, and I never left. I've never really unpacked, but after a while I found that I sort of fit into the pace of the island. I like the lifestyle, and my wife Christine enjoys it too."

Today, Doctor Pastoor serves as attending physician for the Mackinac Medical Center, which he styles as a "combination family practice, emergency and urgent care clinic."

He also acts as co-director with Michael Bacon, DO, for a staff of four nurses and an office assistant. Despite the pleasures of life on the island, Doctor Pastoor practices medicine in anything but a vacation atmosphere. "There are unusual challenges here, with the workload varying quite a bit by time of year. We're such a tourism center that in the summer, it gets really crazy." The staff sees an average of 35 patients a day during high tourist season, typically for bicycle and horse falls and other minor emergencies. That daily patient load often can cover a 24-hour day, too, or "at least until the bars close."

The staff gains a summer assist from the rotation of interns, some of whom are funded through a preceptorship in rural medicine supported by the Michigan Academy of Family Physicians. Doctor Pastoor is a strong supporter of the practice's resident rotation.

"Summer practice at Mackinac appeals to the residents, and practicing here gives them the chance to do a lot of things they might not in other rotations."

One resident who visited this summer particularly impressed Doctor Pastoor—and the fact that she's his daughter "doesn't mean I'm prejudiced at all."

Sara Campbell, MD, in her third year of residency, spent several weeks seeing patients



Doctor Pastoor and his daughter, Doctor Sarah Campbell, discuss a patient's case.

"There are unusual challenges here, with the workload varying quite a bit by time of year. We're such a tourism center that in the summer, it gets really crazy."



Doctor Pastoor, his wife, Christine and the family pets enjoy a beautiful day on Mackinac Island.

while practicing at the medical center, and both father and daughter found the experience enjoyable. "Before I arrived, I was worried we'd kill each other" observed Doctor Campbell, who is currently in residency in Texas. "But it was a lot of fun." Says Doctor Pastoor; "It was a real pleasure. We work well together, and seem to think alike and complement each other."

As the busy summer fades, Doctor Pastoor sees the patient load fall off sharply, typically to around five patients a day in winter. By that time the summer people are long gone and the medical center doctors the island's core of year-round residents. "Come winter, this just turns into another small UP town."

After six years on Mackinac Island, Doctor Pastoor has himself become one of those year-round regulars, and shares their philosophical view of life on the island. "By the end of the tourist season, everybody is tired of the summer people, and breathes a sigh of relief. But in the spring, after a winter of looking at the same 600 faces, we're glad to see the tourists again." ■

The author is a Riverdale-based freelance writer.

Educational initiative

MSMS tailors new programs to fit physicians needs

By Deborah Zannoth and Mary E.S. Jensen

Center for physician education and leadership

The MSMS Board of Directors, at its September meeting, approved creation of the Center for Physician Education and Leadership. The Center's focus will be on expansion of non-clinical educational offerings with particular attention to physician leadership/management programs. The Center has two staff members designated for non-clinical education and has renewed consulting agreements for clinical education activities.

Bringing programs to you

The MSMS Center for Physician Education and Leadership will develop numerous educational opportunities throughout 1998. On-site education will bring programs to group practices, hospitals, county medical societies, specialty societies, etc. The purpose is to provide conveniently located educational opportunities that will assist physicians and their office staff in providing care to their patients more effectively and efficiently while improving their business. These courses will offer powerful tools and insightful suggestions on all aspects of practice management. Conferences and seminars will discuss emerging trends in medicine and how physicians can use these trends to develop their practices and serve their patients. Future endeavors include providing young physicians and residents with critical business information, which is not offered during medical training.

Programs can be tailored to satisfy the informational and logistical needs of the organization. Many of the programs will be offered around the state in several locations to include solo- and small-group practitioners. Furthermore, the Center for Physician Education and Leadership is willing to collaborate and design new programs based on the specialized needs of physicians and an individual medical staff.

Medical business specialist program

MSMS currently is designing a professional development certificate program exclusively for medical office business personnel. MSMS is working with physicians, group managers, medical office personnel and current staff to develop this program based on similar programs in Indiana, Iowa and Wisconsin. The program will be designed to meet the needs of physicians and medical groups interested in the professional development of their employees.

It will consist of a series of seminars and workshops designed specifically for Michigan physicians, medical group managers and medical office personnel. MSMS staff and selected representatives from private and state organizations will conduct the programs. The instructors are experts on practice management issues and on the laws, policies and regulations unique to Michigan. Participants will receive Michigan-specific information not available anywhere else. MSMS will work directly with insurance carriers and government departments to have the current policies that affect office personnel daily.

A year 'round resource

Another important benefit is that the instructors will be available to assist physicians' office staffs throughout the year. MSMS staff can be contacted regularly by phone, fax or e-mail regarding the latest development in reimbursement, coding or government regulations.

The program will offer a series of seminars to assist office staff in developing skills and offer examinations after each seminar in order to qualify for the Medical Business Specialist Certificate.

For additional information on the Center for Physician Education and Leadership, please contact Mary Jensen at MSMS at (517) 336-5706; or e-mail her at mjensen2@msms.org. For further information on the Medical Business Specialist Program, please contact Deborah



Debbie Zannoth (left) and Mary Jensen discuss their educational agenda.

Zannoth at MSMS at (517) 336-5767; or e-mail her at dzannoth@msms.org/ ■

Mary Jensen is education coordinator for MSMS and Deborah Zannoth is chief of Professional Development for MSMS.

MPMC

MICHIGAN PAIN MANAGEMENT CONSULTANTS, P.C.

SPECIALIZING IN SPINAL CORD STIMULATION, IMPLANTABLE INFUSION SYSTEMS, AND FIBEROPTIC MYELOSCOPY

Consultants in Acute, Chronic and Cancer Pain Management, Spinal Cord Stimulation, Implantable Infusion Systems, and Fiberoptic Myeloscopy.

Patients may be scheduled for the evaluation and treatment of chronic benign and cancer pain management Monday through Friday, 8:00 a.m. to 4:00 p.m. at:

Providence Hospital Pain Control Center
22301 Foster Winter Drive
Second Floor
Southfield, Michigan 48075
Office (810) 424-3186 • Fax (810) 424-3460

Dennis W. Dobritt, D.O., D.A.B.P.M.
Chief, Pain Medicine
Director, Pain Control Center
Providence Hospital and Medical Centers

Jeffrey J. Kimpson, M.D., D.A.A.P.M.
Assistant Director, Providence Pain Control Center
Medical Director, Acute and Cancer Pain Management

Riad G. Khoury, M.D.
Added Qualifications in Pain Management, American Board of Anesthesiology
Diplomate, American Academy of Pain Management

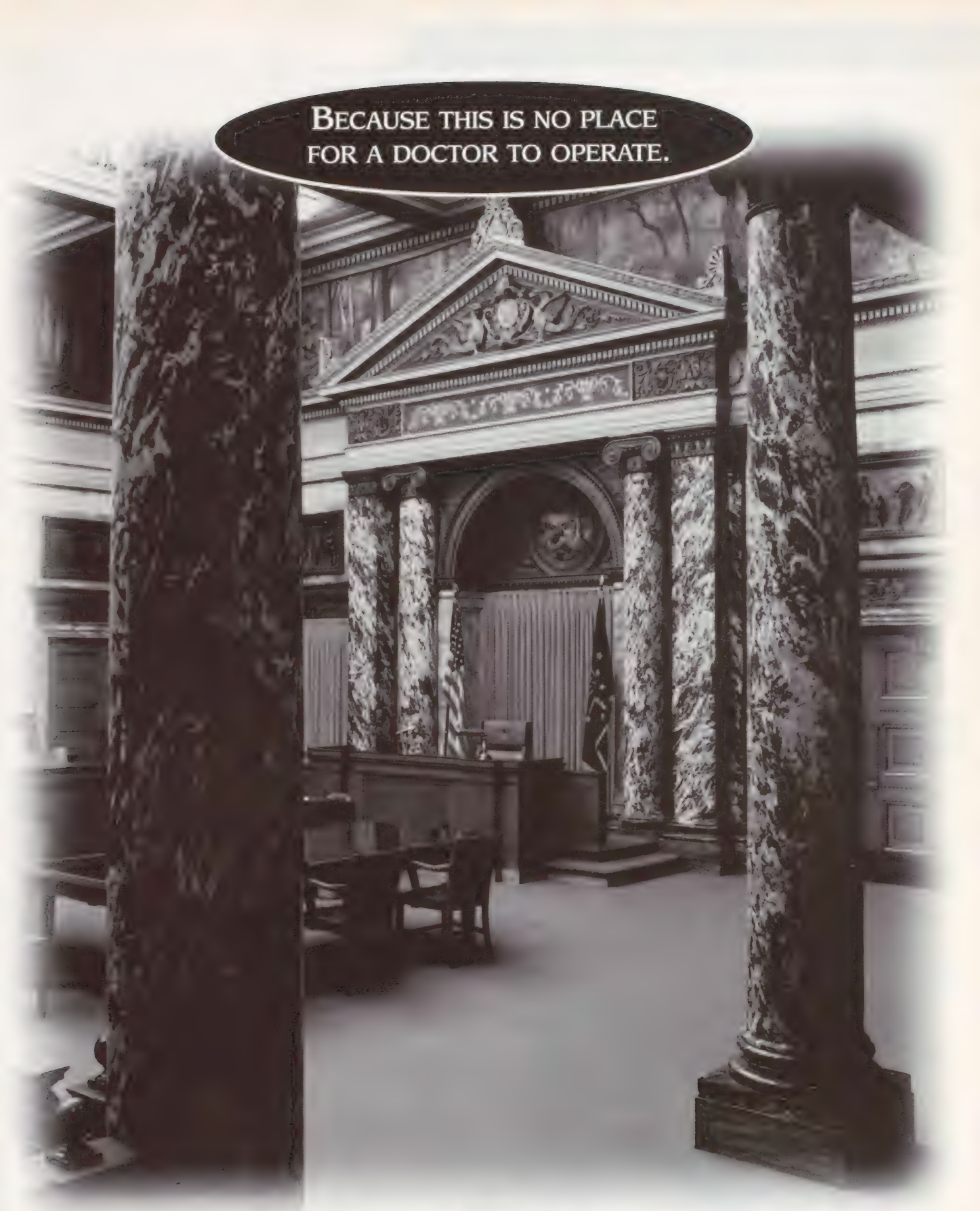
John H. Traylor, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Jeffrey J. Kirouac, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Dominick Lago, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Affiliated with Northland Anesthesia Associates, P.C.


LTC
means
TLC
Long Term Care
coming soon as a new
member benefit
S&W
Stratton, Cheeseman & Walsh, Inc.
The Physician's Insurance Agency
517-351-5780 or 1-800-968-4929
Stratton, Cheeseman & Walsh is
the endorsed insurance agency of
the Michigan State Medical Society



THE
MEDICAL PROTECTIVE COMPANY ®

Professional Protection Exclusively since 1899

To reach your local office, call 800-344-1899.

GOLD CORPORATE AFFILIATE
MGMA
FOUNDED 1926
PROGRAM UNDERWRITER

Personnel Management

It's not for the weak of heart

By The Northridge Group

Is the business *of health care keeping you from what you really want to do? With managed care, reduced revenue, regulatory bureaucracy, employee shortages, increased labor costs, etc.—it seems as though the practice of medicine is being overshadowed by issues that have precious little to do with patient care. The challenge is significant — in order to survive in today's health care market you need to spend 80 percent of your time managing your business and 100 percent practicing medicine. Sound familiar? Many physician practices have engaged in* outsourcing partnerships *to address some of their most significant business concerns.*

Outsourcing may be broadly defined as hiring external vendors to shoulder burdens once carried in-house. During the 1980s outsourcing appeared as the latest and greatest "big business" fad. Companies "downsized, rightsized, re-engineered" and claimed to have found a new concept called outsourcing. Many people presume that when the downsizing trend ceases, so will outsourcing.

The fact, however, is that outsourcing has been an important part of small-, medium-, and large-size business operations for a long time. Security, payroll and transportation are just a few of many functions that traditionally have been outsourced. The business climate of the 1980s brought more visibility and wider acceptance to the practice of outsourcing than ever before. Outsourcing industry revenues continue to grow at a rapid pace. Executives and business owners in all size organizations across all industry and service sectors are employing the services of outsourcing vendors.

Health care is no exception. Health care providers seeking to trim costs and reduce liabilities are examining every aspect of their operations to determine how outsourcing fits into their business strategy. Many find a good fit in the area of human resources.

Imagine not having to worry about payroll, benefits administration, wrongful discharge actions, EEOC compliance, unemployment exposure and workers' compensation. Imagine, at the same time, maintaining total control of the office practice, including employee selection, hiring/firing, pay rates and work supervision. This is the description of a "co-employer" relationship, where many administrative human resource (HR) functions are outsourced to an external vendor called a Professional Employer Organization (PEO), also known as staff leasing company. In essence, the PEO becomes an offsite HR department for the physician or group practice.

A growing trend

A significant number of small- and medium-size organizations are turning to PEOs to shoulder the administrative burdens of being an employer and to reduce overall costs. In 1996, over 3 million employees were leased. Experts predict the number will grow to over 10 million leased employees by the year 2000. Average annual growth among PEOs exceeds 30 percent and some of the top Wall Street performers in 1996 were Professional Employer Organizations.

There are several reasons for the rapid growth of this outsourcing industry:

- Cost reduction
- Employee retention
- Government compliance
- Time to focus on core business

Many practices have saved between 3 per-

cent and 5 percent of their payroll expenses by outsourcing to PEOs. These savings usually are comprised of reductions in unemployment, workers' compensation, single business tax and health insurance costs. In addition, tangible costs are saved in regulation, paperwork and tax compliance. In 1996, The Small Business Administration (SBA) estimated the average annual cost of these items to a small business was approximately $5,000 per employee.

Secondly, PEOs frequently offer enhanced employee benefits and wider plan choices than individual employers. PEOs frequently offer enhanced employee benefits and wider plan choices than individual employers. PEOs are able to leverage their large employee base to bring Fortune 500 benefits to employees of small businesses. These better benefits often serve as a factor in attracting and retaining the right employees.

Thirdly, the PEO becomes the "employer of record" for the sake of governmental and labor regulation compliance. This reduces the legal liabilities for the PEO client organization. In today's highly litigious society, the risk of being named in labor regulation lawsuits is escalating Discrimination lawsuits, alone, have increased in excess of 2200 percent over the past two decades and the current backlog of Equal Employment Opportunity Commission (EEOC) pending discrimination charges is roughly 80,000. The *New York Times* recently reported there are 90 pages of new Federal workplace-related regulations every day. Although PEOs do no eliminate compliance concerns, they share risk and handle the burden of claims management and legal defense.

Save time and hassle

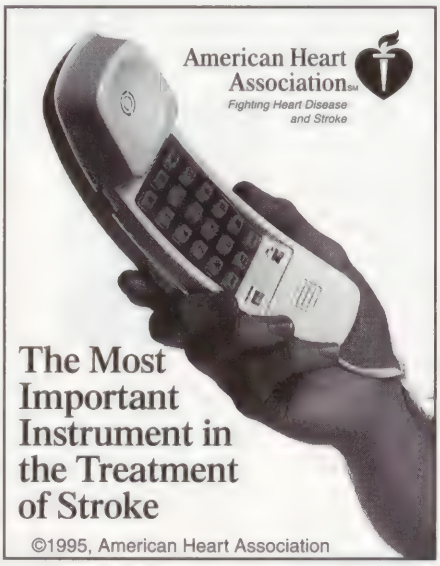
Finally, PEO clients receive significant benefits from the PEO relationship in the form of time savings and fewer administrative headaches. By consolidating many employee management services under one contract with a PEO, physicians remove a large burden of non-essential work, so they can focus on the work they are passionate about performing.

To sum it up, PEOs offer physicians a wide spectrum of outsourcing solutions aimed at reducing the complexities and costs of employee management, without taking over control of the practice. They specialize in providing a "one stop shop" for payroll, benefits, risk management and human resource services.

MSMS conducted an extensive analysis of the PEO marketplace, and specifically sought companies with proven experience and understanding of the health care industry. MSMS has contracted with the Northridge Group of Bloomfield Hills, Michigan, to facilitate the analysis and introduction of PEOs into member practices throughout Michigan.

For additional information, contact Melissa Wiegand at MSMS at (517) 336-7599, or e-mail her at mweigand@msms.org. ■

PEOs offer physicians a wide spectrum of outsourcing solutions aimed at reducing the complexities and costs of employee management.



Newsmakers

David L. Freedman, MD, JD, of Ann Arbor, joined the law firm of Miller, Canfield, Paddock and Stone, PLC as an associate in its Health Care Practice Group. Doctor Freedman is also an emergency room physician at Chelsea Community Hospital and a clinical instructor in the Department of Surgery, Section of Emergency Medicine, at the University of Michigan Medical School.

Vivian Lewis, MD, a Flint pediatrician and vice president of the Hurley Foundation Board, was featured in the American Medical Association's publication, "The Fifty Most Positive Doctors in America." Doctor Lewis was selected because of her list of accomplishments as well as for her commitment to serving others.



John M. Flack, MD, MPH, of Detroit, recently was appointed as associate chair of the Department of Internal Medicine for the Detroit Medical Center and Wayne State University. Doctor Flack also serves as director of cardiovascular epidemiology and clinical applications, a new program at Wayne State University, in the Department of Medicine.

David B. Siegel, MD, senior vice president of managed care for Blue Cross Blue Shield of Michigan, was named CEO of the Blue Care Network of Michigan, the result of the merger of four separate Blue Care Networks.

Kevin M. Chan, MD, of Detroit, recently was appointed medical co-director of the Lung Transplant Program at Henry Ford Hospital. He was previously the associate medical director of the Lung Transplant Program at the University of Southern California and an assistant professor of clinical medicine.

Henry J. Barsch, MD, FACS, of Marquette General Hospital (MGH), recently received the 1997 Michigan Health and Hospital Association Physician Leadership Award. Doctor Barsch was a urologist with MGH from 1965 until 1996 and has served on the MGH board of trustees since 1986.

Joseph J. Weiss, MD, a Livonia internist subspecializing in rheumatology, was recognized by the American Society of Internal Medicine (ASIM) with the "Special Recognition Award" for his commitment to quality, professionalism and leadership in the practice of medicine. Doctor Weiss is a member of the board of trustees of MSMS.



Rhoda M. Powsner, MD, recently was selected as executive director of the Michigan Genetic Privacy and Progress Commission. Doctor Powsner, a cardiovascular disease specialist from Ann Arbor, is a member of the MSMS Board of Directors and an MSMS Delegate to the AMA.



Howard B. Weinblatt, MD, an Ann Arbor pediatrician recently was selected as chair for the Michigan Advisory Committee on Immunization with the Michigan Department of Community Health. Doctor Weinblatt is also the MSMS Immunization Committee chair.



For more information, write to:
National Council on Patient Information and Education (NCPIE)
666 Eleventh Street, NW Suite 810 D
Washington, DC 20001
To fax your request — (202) 638-0773

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Michael Arvanitis, MD, *St Clair Shores*
Amardeep Bhatia, MD, *Troy*
Lawrence R. Blaty, MD, *Clinton Twp*
Rola S. Bokhari-Panza, MD, *Farmington Hills*
Angela Butchbaker, DO, *Coldwater*
Russell E. Carlson, MD, *Troy*
Lisa T. Cooper, MD, *Detroit*
Helen Anne D'Alessardeo, MD, *Birmingham*
Estelle D'Souza, *Ann Arbor*
Damon Davis, *Ann Arbor*
Rajat Deo, *Ann Arbor*
Ian Fawks, DO, *Coldwater*
John W. Finn, MD, *Southfield*
Sara H. Garmel, MD, *Dearborn*
Mohammad Ghaffarloo, MD, *Clinton Twp*
Wendy Golden, *Ann Arbor*
Michele Gray, *Ann Arbor*
Laura Gruskin, MD, *Farmington Hills*
Christopher Hager, MD, *Saginaw*
Mark D. Hannis, MD, *Dearborn*
Ronald J. Hessler, *Ann Arbor*
Jeffrey A. Horak, MD, *Livonia*
John E. Hramiec, MD, *Birmingham*
Debora A. Kaczynski, MD, *Dearborn*
Jeremy Kaplan, *Ann Arbor*
Young M. Kim, MD, *Saginaw*
Celeste D. Lopez, MD, *Southfield*
Mark D. Mackey, MD, *W Bloomfield*
John D. Nicely, *Ann Arbor*
Nicholas E. Nomicos, MD, *Plainwell*
Ethan D. Nydorf, MD, *West Bloomfield*
Joey Christine Papa, *Ann Arbor*
Christine Petrecca, MD, *Livonia*
Tina Pinto, *Ann Arbor*
Stephen E. Pohl, MD, *Lake Orion*
Rajesh Raina, MD, *Escanaba*
Michele R. Ritter, MD, *Pontiac*
Matthew Rosenberg, *Ann Arbor*
Patricia A. Roth, MD, *Dearborn*
Michael Salomon, MD, *Detroit*
Ronald S. Schmier, MD, *Birmingham*
Mohsin A. Sheikh, MD, *Detroit*
Nazema Y. Siddiqui, *Ann Arbor*
James R. Smith, DO, *Coldwater*
Don A. Spivak, MD, *Birmingham*
Kirsten Stoesser, *Ypsilanti*
Sanjeev S. Venkataraman, MD, *Auburn Hills*
Ariel Waitzman, MD, *Allen Park*
Ay-Ming Wang, MD, *Bloomfield Hills*
Helen B. Wei, MD, *Rochester*
Kevin S. Witt, DO, *Coldwater*
Fusheng Zhang, MD, *Detroit*



"I want to live."

Ashley has cancer. It sounds like such a grown-up disease. But each year, more than 6,000 American children will be stricken with cancer.

Ashley, and thousands of others like her, will have a chance to beat cancer because of the life-saving research and treatments developed at St. Jude Children's Research Hospital.

To find out more, write to:
St. Jude Hospital
P.O. Box 3704
Memphis, TN 38103
or call **1-800-877-5833.**



ST. JUDE CHILDREN'S RESEARCH HOSPITAL
Danny Thomas, Founder

DISCIPLINARY ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate actions and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

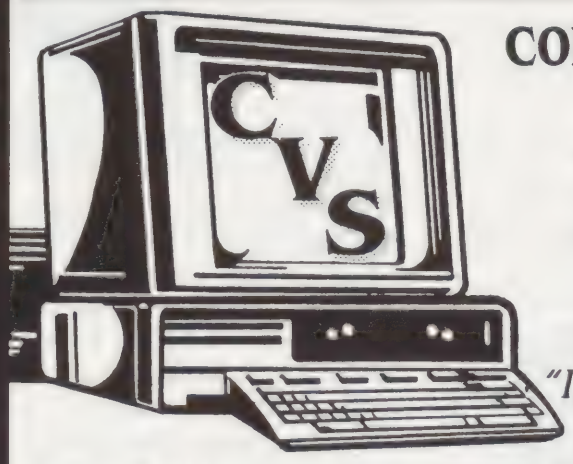
Name: Robert H. Hydrick, MD, 2150 Cloner Dr., NW, Grand Rapids, MI 49504
Action, Date Taken: License Summarily Suspended—9-02-97
Reason: Mental/Physical Inability to Practice

Name: Terry S. Baul, MD, 17751 E. Warren, Detroit, MI 48224
Action, Date Taken: 8-25-97—Fine $100.00
Reason: Violation of General Duty/Negligence

Name: David Y. Cho, MD,133 S. Gratiot, Mt. Clemens, MI 48043
Action, Date Taken: Reprimand, Fine—$1,000.00, Probation—2 yrs.—8-21-97
Reason: Failure to Meet Continuing Education Requirements

Name: June De Stefano, DO, 2171 Allerton Rd., Aubern Hills, MI 48326
Action, Date Taken: License Suspended—6 mo.&1 day—Fine—$5,000.00—9-24-97
Reason: Substance Abuse

Name: Neil J. Farkas, DO, PO Box 250908, West Bloomfield, MI 48325
Action, Date Taken: License Suspended—6 mon. & 1 day—Fine—$5,000.00—9-24-97
Reason: Criminal Conviction, Lack of Good Moral Character



COLONIAL VALLEY SOFTWARE, INC.

Dental & Medical Systems

'Lectronic Pegboard shows a proven success record of Michigan installations.

COLONIAL VALLEY SOFTWARE, INC.

presents

'Lectronic Pegboard

The first choice in computer systems for the medical or dental practice.

First In Service and Support

"If you don't have service, you don't have a system."

Complete Turnkey Systems include:

- All Equipment
- All Software
- Onsite Training
- One Year Warranty and Maintenance
- Price starts below $9,000

Call 1-800-359-1002 or (810) 733-6070, Let Colonial Valley Software, Inc, provide you with high tech solutions, and give you old-fashioned service.

3398 S. Dye Road, Flint, MI 48507

EDUCATIONAL OPPORTUNITIES

Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I credits toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least four hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

FEBRUARY

2-6, American College of Cardiology, 8th Annual, Echo Hawaii, 1998. Location: The Hapuna Beach Prince Hotel, Kohala Coast, Big Island, Hawaii. **Contact:** For application call (800) 253-4636, ext. 695; or mail application and payment to American College of Cardiology, Attn: EP, PO Box 79231, Baltimore, MD 21279-0231. **Approved for:** 27.5 Category 1 credits. **Registration Fee:** varies.

6-8, Managing Respiratory Diseases. Location: MGM Grand, Las Vegas, NV **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

11-13, American College of Obstetricians and Gynecologists and Michigan Section—ACOG, Annual Clinical Meeting. Location: Boyne Highlands Inn, Harbor Springs, MI **Contact:** Robert P. Lorenz, MD, Division of Maternal-Fetal Medicine, William Beaumont Hospital, 3535 West 13-Mile Rd., Ste. 329, Royal Oak, MI 48073, (810) 551-0395; fax (810) 551-3130. **Approved for:** 9 Category 1 credits. **Registration fee:** ACOG Fellow or Junior Fellow—none; Non-ACOG member, $50.00.

13-15, American College of Cardiology,Advances in Diagnostice and Therapeutic Cardiac Catheterization. Location: Walt Disney World Swan Lake Buena Vista, Florida. **Contact:** For application call (800) 253-4636, ext. 695; or mail application and payment to American College of Cardiology, Attn: EP, PO Box 79231, Baltimore, MD 21279-0231. **Approved for:** 18.5 Category 1 credits. **Registration Fee:** varies.

13-15, Dermatology for the Non-Dermatologist. Location: Hilton Hotel, Breckenridge, CO. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

16-19, American College of Cardiology, The 11th Annual State-of-the-Art Echocardiography. Location: Sheraton El Conquistador, Tucson, AR. **Contact:** For application call (800) 253-4636, ext. 695; or mail application and payment to American College of Cardiology, Attn: EP, PO Box 79231, Baltimore, MD 21279-0231. **Approved for:** 25 Category 1 credits. **Registration Fee:** varies.

20-22, Clinical Endocrinology for Primary Care Physicians. Location: Casa Marina Resort, Key West, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

26-28, Mayo Clinic State-of-the-Art Symposium: Arrhythmia Management. Location: Silverado Resort, Napa Valley, CA. **Contact:** Registrars, Mayo Foundation, Sectio of Continuing Medical Education, 200 First St. S.W., Rochester, MN 55905; (800) 323-2688; or fax (507) 284-0532. **Approved for:** 15 Category 1 credits.

26-28, Neurology for the Non-Neurologist. Location: Atlantis Paradise Island, Nassau, Bahamas **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

27-March 1, Arrhythmias: Interpretation, Diagnosis & Management. Location: Hyatt Regency Scottsdale, AZ **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

27-March 1, Coronary Heart Disease Update. Location: The Registry, Naples, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

MARCH

1-5, Radiology in the Desert: Practical Aspects of Radiology and Imaging. Location: Marriott's Camelback Inn Resort, Golf Club & Spa, Scottsdale, AZ. **Contact:** Joyce Robertson, Towsley Center for Continuing Medical Education, Department of Medical Education Professions, PO Box 1157, Ann Arbor, MI 48106-1157; (313) 763-1400. **Approved for:** 22.5 Category 1 credits.

4-7, 19th Annual Advances in the Management of Infectious Diseases: Winter Update. Location: South Seas Plantation, Captiva Island, FL. **Contact:** Joyce Robertson, Towsley Center for Continuing Medical Education, Department of Medical Education Professions, PO Box 1157, Ann Arbor, MI 48106-1157; (313) 763-1400. **Approved for:** TBA.

5-7, Managing Respiratory Diseases. Location: Frenchman's Reef, St. Thomas, USVI. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

9-13, Selected Topics in Internal Medicine. Location: Maui Prince Resort, Maui, Hawaii. **Contact:** Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 First St. S.W., Rochester, MN 55905; (800) 323-2688; of Fax (507) 284-0532. **Approved for:** 25 Category 1 credits. **Registration fee:** TBA

9-13, American College of Cardiology—Cardiology at Cancun 1998. Location: The Westin Regina Cancun, Cancun, Mexico. **Contact:** For application call (800) 253-4636, ext. 695; or mail application and payment to American College of Cardiology, Attn: EP, PO Box 79231, Baltimore, MD 21279-0231. **Approved for:** 26 Category 1 credits. **Registration Fee:** varies.

13-15, Clinical Endocrinology for Primary Care Physicians. Location: Doubletree Hotel, Palm Springs, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

19-21, Coronary Heart Disease Update. Location: Hyatt Regency, Cancun, Mexico. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

19-21, Dermatology for the Non-Dermatologist. Location: Hyatt Regency, Grand Cayman. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

20-22, Neurology for the Non-Neurologist. Location: Desert Inn, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

20-22, Arrhythmias: Interpretation, Diagnosis & Management. Location: The Swan, Orlando, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

29-April 3, Advanced Management Program for Healthcare Executives. Location: Leighton Auditorium, Siebens Medical Education Building, Mayo Clinic, Rochester, MN. **Contact:** Postgraduate Courses, School of Continuing Medical Education, Mayo Foundation, Rochester, MN 55905; (800) 323-2688; or fax (507) 282-0532. **Approved for:** 43 Category 1 credits. ■

MSMS MEETINGS

January

21, MSMS Board of Directors Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Irene Frost at MSMS at (517) 336-5734.

26, MSMS Alliance Board of Directors Meeting. Location: MSMS Headquarters, East Lansing, MI. 8:15- 3:00 P.M. Contact: Jennifer Anibal at MSMS at (517) 336-7595.

March

6-7, 1998 MSMS Joint Section Meeting. Location: Dearborn Inn, Dearborn, MI. Contact: Judy Marr at MSMS at (517) 336-5744.

18, MSMS Board of Directors Meeting. Location: MSMS Headquarters, East Lansing, MI 10:00 A.M.-5:00 P.M. Contact: Irene Frost at MSMS at (517) 336-5734.

19, MSMS Maternal Health Conference. Location: Dearborn Inn, Dearborn, MI. Contact: Sheri Fent at MSMS at (517) 336-5730.

May

1-3, MSMS House of Delegates. Location: Ritz Carlton, Dearborn. Contact: Donna Brown at MSMS at (517) 336-5735.

AMA MEETINGS

State Legislation
March

8-11, AMA Leadership Conference. Location: Washington, DC. Contact: Kevin Kelly at MSMS at (517) 336-5742.

13-15, AMA Inaugural Conference—"Strategic Partners: You, the AMA, and the National Human Genome Research Institute." Location: Sheraton, New Orleans, LA. Contact: Vickie Grosso at AMA at (312) 464-4574.

Leadership
April/May

4/29-5/2, 1998 International Conference on Physician Health. "Managing Our Own Care: Surviving the Health Care Revolution." Location: Empress Hotel and Victoria Conference Centre, Victoria, British Columbia. Contact: AMA Dept. of Mental Health at (312) 464-5066.

June

14-18, AMA Annual Meeting. Location: Hyatt Regency, Chicago. Contact: Judy Marr at MSMS at (517) 336-5744.

MICHIGAN SPECIALTY SOCIETY MEETINGS

April

2-5, 1998 Annual Session, American College of Physicians. Location: San Diego Convention Center, San Diego, CA. Contact: ACP Communications Department, (800) 523-1546, ext. 2655 or 2513.

16-19, American Society of Addiction Medicine's 29th Annual Medical-Scientific Conference. Location: New Orleans Marriott Hotel, New Orleans, LA. Contact: (301) 656-3920. ■

ONCOLOGIST, URGENT CARE, ENT, DERMATOLOGIST

There are immediate openings at Brainerd Medical Center for the following specialties: Oncology, Urgent Care, Ear, Nose and Throat, and Dermatology.

Brainerd Medical Center, P.A.

- 36 Physician independent multi-specialty group
- Located in a primary service area of 40,000 people
- Almost 100% fee-for-service
- Excellent fringe benefits
- Competitive compensation
- Exceptional services available at 162 bed local hospital, St. Joseph's Medical Center

Brainerd, Minnesota

- Surrounded by the premier lakes of Minnesota
- Located in central Minnesota less than 2.5 hours from the Twin Cities, Duluth and Fargo
- Large, very progressive school district
- Great community for families

BMC

Call collect to Administrator:
Curt Nielsen
(218) 828-7105
or (218) 829-4901
2024 South 6th Street
Brainerd, MN 56401

Brainerd Medical Center, P.A.

Let your search for a reliable, high quality Locum Tenens Company...



Lead you to

DAVIS SMITH
SINCE 1946

Davis-Smith has been a leader in healthcare staffing in the Midwest since 1946. Put our 51 years of experience to work for you. We offer high quality physician coverage at an affordable price. We are a family owned and operated company dedicated to exceeding your expectations. We cover all specialties and provide the best occurrence malpractice insurance.

(800) 541-4672 or (810) 354-4100

MEDICAL DIRECTOR

MERCY OAKLAND PHYSICIAN NETWORK

Introducing MOPN — A network of practicing physicians affiliated with St. Joseph Mercy-Oakland Hospital. Located in highly affluent Oakland County, Michigan, MOPN is a partnership between Mercy Health Services, the largest health care system in the State of Michigan, and Oakland Physician Network Services, a four hundred member physician provider organization.

Empowered to provide leadership and clinical oversight to the medical practices conducted by all of the network's physician members, the Medical Director also serves as a role model and advocate for our physicians. In addition, he/she will work to develop and implement an effective primary care physician network, and will work with managed care payors to strengthen professional relationships. Also responsible for assisting in physician recruitment functions.

To qualify, you must be residency trained and board certified in internal medicine or family practice, eligible for/or possess a medical license, and qualified for active medical staff membership. At least 3 years of medical practice and 3 years of administrative/management experience are also needed.

We offer a salary commensurate with your experience and a flexible benefits program that can be tailored to your specific needs. To apply, please send your CV and salary expectations to: **MOPN, 1825 Woodward Ave., Ste. 150, Pontiac, MI 48302; Fax: (248) 858-6752.** Mercy Health Services values diversity in the workplace/EOE.

Focusing on the care in health care

"Patients comment on our on-hold messages all the time. They enjoy receiving information rather than just listening to music."

– Office of Jeffrey T. Vangelderen, MD, FAAP
Bay City

- Script Writing
- Voice Talents
- Maintenance Free Service
- 100% Guarantee
- MSMS Member Discount

Demo Line:
(800) 892-HOLD
Speak to our Representative at
(517) 349-5177

PREMIER COMPANIES
HOLD
PLUS
Telephone on-hold message and music systems

Expand your CME horizons

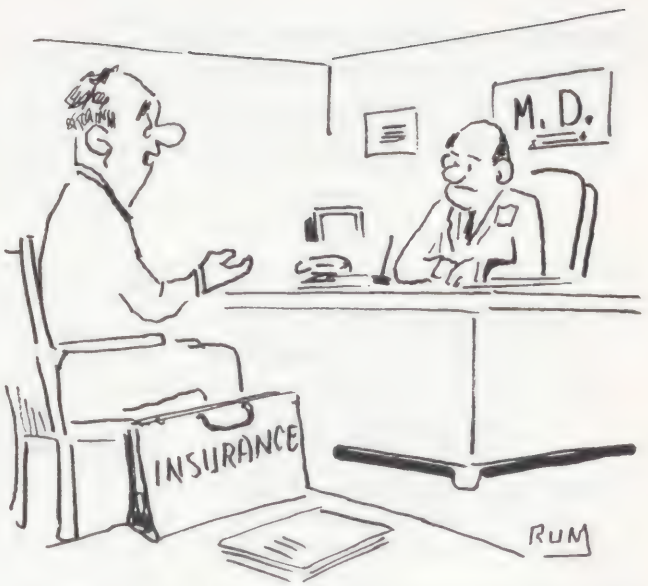
1998 Midwest Clinical Conference
February 20-22, 1998
Navy Pier ● Chicago

CME NOW

more than ever

CHICAGO MEDICAL SOCIETY
1998 MIDWEST
CLINICAL CONFERENCE
FEBRUARY 20-22, 1998
NAVY PIER • CHICAGO

For information, call (312) 670-2550, ext. 341
The Chicago Medical Society



"I don't know if the premiums ever go down--I've only had this job for ten years."

OSF ST. FRANCIS HOSPITAL.
ESCANABA, MICHIGAN

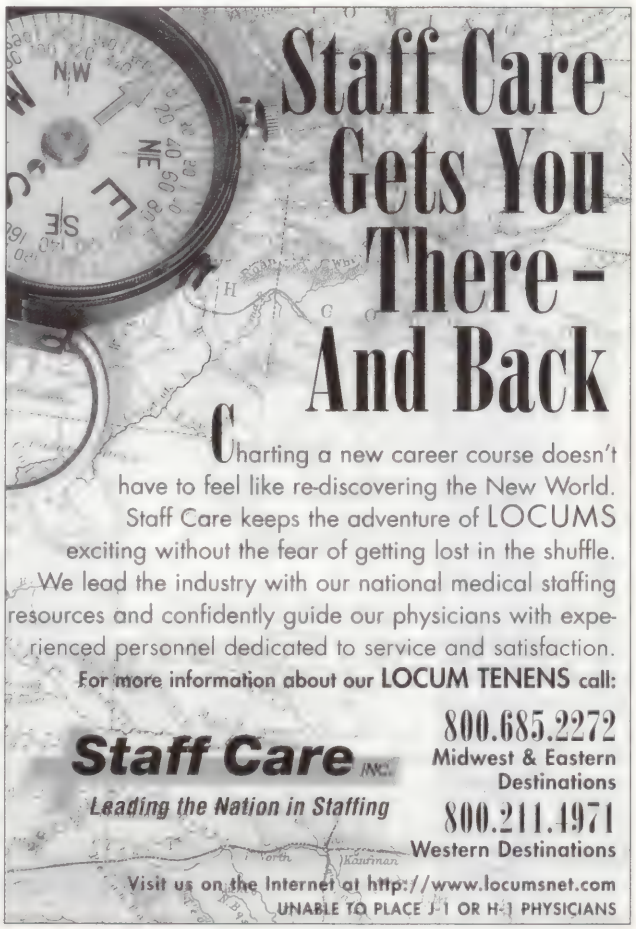
FAMILY PRACTICE - Position available for a BC/BE family practitioner at Powers Clinic, Powers, MI. This beautiful town is centrally located between Iron Mountain, Escanaba, and Menominee, which are all approximately 22-35 miles apart. You will be the only family practitioner in Powers, but call can be shared with the physicians in Escanaba. There is an option for an out-patient only practice that will include nursing home patient care in the attached 180 bed facility. St. Francis Hospital, located on Lake Michigan, is a 110-bed facility and is the only hospital within a 60-mile radius. Recreation is plentiful, especially winter sports, boating and golf. (Four 18-hole and two 9-hole courses.)

UROLOGY - One progressive BC Urologist is searching for another BE/BC Urologist to join him in his rapidly growing practice. On average he will see from 18-30 patients daily, with surgical procedures or other diagnostic studies done throughout the remainder of the day. The office is located in a $6 million Medical Clinic that is connected to St. Francis Hospital and also houses a number of other specialists.

With both opportunities you can benefit from the resources and leadership of a 100 year old Catholic Healthcare System. We offer a competetive salary and excellent benefits package.
For more information contact:

Steve Baker
OSF Saint Francis, Inc.
1-800-430-6587 / FAX 309-685-2574

OSF HEALTHCARE



Would you like to place and ad? The rate of classified advertising in *Michigan Medicine* is $1.00 per word, with a minimum charge of $50.00. Copy for classified advertisements should be received no later than the first of the month preceding the month of publication. To place an ad, contact Kristen Lare (517) 336-5747 or fax (517) 336-5797.

POSITIONS OPEN

Permanent part-time physician needed to do histories and physicals for new medical centers opening in Lansing, Saginaw and Kalamazoo. Please contact Stephen Mirfield, MD, at 1-888-270-9017 or fax curriculum vitae to his attention at (813) 898-7471.

FAMILY PHYSICIANS: If you think that you can find happiness in a small town in Iowa, please contact me. Jerry Hess, Mercy Family Care Network, 1000 4th Street S.W., Mason City, Iowa 50401; or (515) 422-5551, or toll free (888) 887-5551; or fax (515) 422-6388.

Anesthesiologist—BE/BC. Southeast Michigan outpatient surgical facility. Salaried position. Minimal call. No nights/no weekends. Send CV to Herbert Goodwin, DO, 28230 Orchard Lake Road, St. 107, Farmington Hills, MI 48334; fax (248) 737-7118

Medical Director—The Michigan Masonic Home, an accredited continuing care retirement community with over 425 residents is seeking a medical director for its beautiful 116-acre campus in Alma, Michigan. The preferred candidate will be BC in Internal Medicine or Family Practice along with CAQ in Geriatrics. Position offers an attractive salary with full benefits. For further information please contact Jim Lucas at (248) 649-4084 or fax a CV to (248) 649-4112.

United States Southwest—A major metropolitan city in the culturally rich environment of the sunny American southwest. Position available now.

Harper Associates

Physician and Healthcare Placement Specialists

We are currently working with a number of organizations in search of BC/BE physicians in various settings and locations throughout Michigan, Ohio, and nationwide.

OPPORTUNITIES AVAILABLE

ANESTHESIOLOGIST-Cleveland
DERMATOLOGIST-Lansing
FAMILY PRACTITIONERS
HEMATOLOGIST-ONCOLOGIST-Western Michigan
GENERAL SURGEON-Southeastern Michigan
MED/PEDS-Lansing
PEDIATRICIANS-Lansing
PSYCHIATRISTS (Child)-Central Michigan
PULMONOLOGIST- Western Michigan

Many ongoing searches in other specialties.
For details please contact: Cheryl Nowak, R.N.

(248) 932-1170 Fax: (248) 932-1214
Harper Associates
29870 Middlebelt, Farmington Hills, MI 48334

A private neurosurgical clinic is looking for a BE/BC associate with broad neurosurgical training and/or experience. Stereotactic neurosurgery both fixed frame and frameless plus radiosurgery are presently being performed. Additional training or experience in spinal surgery and instrumentation techniques would augment current selection review. Please send CV and cover letter to: Mitchell Smigiel, MD, FACS, Charles Chang, MD, 1600 Medical Center Drive, Suite 400, El Paso, TX 79902.

SERVICES AVAILABLE

Detroit X-Ray and Ultrasound Sales—Frank Bykowski—Affordable equipment, new and pre-owned, C-arms, fluoroscopic and general x-ray rooms, free consultations, evaluations and appraisals, pain management imaging equipment, upgrades and retrofits. Call toll free: (888) 338-9729; or fax (810) 716-9025.

PRACTICES FOR SALE

General Medical Practice—Western Wayne County. Long-established practice with equipment. Retiring physician will stay during transition.

Family Practice—Suburban Wayne County. Thirty-year plus practice. Medical equipment; physician is retiring.

Physical Therapy—Downriver/South Michigan/Mid-Michigan (three locations).

Neurology Practice—Mid-Michigan.

Workmans Comp/Personal Injury Clinic—Detroit. Real estate & equipment.

General Practice—Detroit. Well established practice. Retiring physician will stay during transition.

We have prospective purchasers for medical and dental practices in Michigan. If you are considering selling a practice, give us a call, we may already have a buyer.

Medical Suites & Buildings for Sale/Lease

McNabnay & Associates, Inc. can assist you. We maintain a database of available medical and dental properties in Wayne, Oakland and Macomb Counties. Give us a call and we will develop a list of properties that meet your requirements. We keep all inquiries confidential! Also, call for a free copy of our listing catalog. McNabnay & Associates, Inc. (248) 258-5900 Medical Building Specialists.

LEGAL SERVICES

ERNEST P. CHIODO, M.D., J.D., M.P.H.
Physician - Attorney
* Legal Representation of Physicians
* Peer Review
* Licensure and Discipline
* National Practioners Data Bank
(810)791-6737

Calling Delegates and Representatives to the MSMS Sections for Young Physicians, International Medical Graduates, and Organized Medical Staffs
Make plans now to attend *the seventh annual*

MICHIGAN STATE MEDICAL SOCIETY

Joint Section Meeting

March 6-7, 1998
*Dearborn Inn, Dearborn**
featuring keynote speakers

Thomas R. Reardon, MD
Chair, AMA Board of Trustees

Craig Ruff
President, Public Sector Consultants

*A discount sleeping room rate is available at 313/271-2700

For details, please call
Deborah Zannoth (YPS)
Sherry Barnhart (IMGS)
F.B. "Tom" Plasman (OMSS)
at 517/337-1351
Fax 517/337-2490
$50 Registration fee

Confirming the Past, Creating the Future

To keep ahead of the competition you need to plan your future with sound advice from skilled specialists. At Plante & Moran we offer just that—proactive personal and business advisory and consulting services in addition to traditional accounting and auditing services. With us, your interests come first—because when you succeed, we succeed. For more information, please call us: (517) 332-6200.

PLANTE & MORAN, LLP

Certified Public Accountants • Management Consultants
1111 Michigan Avenue, East Lansing, Michigan 48823
(517) 332-6200 • Fax (517) 332-8502

- Financial Statement Service
- Tax Return Preparation
- Tax Consulting
- Strategic Planning
- Personal Financial Planning
- Family Business & Succession Planning
- Benefit Plan Administration
- Litigation Support & Practice Valuation Services
- Prepairing for Managed Care
- Productivity & Quality Improvement

New MEDICAL PROGRAM

WINDOWS™ 95/NT AND 32-BIT POWER FOR ALL OFFICE FUNCTIONS:

- Billing
- Scheduling
- Charting
- Orders
- Prescriptions
- Managed Care
- Referral Tracking
- Year 2000 Ready
- Keyboard Optional

(Providers use Pen Tablet computer on wireless Windows™ 95/NT network; touch screens for staff)



Bennethum Corporation is proud to introduce a new cutting-edge medical computer system.

BennPro/32™

NOT EVOLUTIONARY — REVOLUTIONARY

Arrange a personal demonstration of BennPro/32™ today.

Bennethum Corporation
West Bloomfield, Michigan
1-800-982-2623
sales@bennethum.com

BENNETHUM CORPORATION

BINSON'S
Home Health Care Centers
MEDICAL SUPPLIES & SERVICES SINCE 1953

Binson's, a trusted name in home care for over forty years.

- Medical Equipment Supplies & Services
- Mastectomy
- Diagnostic & Surgical Supplies
- Ambulatory Aids
- Bathroom Safety
- Orthotics & Prosthetics
- Clinical Services
- Ostomy Supplies
- Wheelchairs
- Patient Room Equipment

WHEN YOUR CHOICE IS HOME

Joint Commission on Accreditation of Healthcare Organizations

1-800-922-6528

Primary Care Physicians
Practice Opportunities
City of Detroit

Recent practice acquisition has created opportunities for board certified/board eligible physicians in family practice, internal medicine and pediatrics. Competitive salary and fringe benefit package available. Academic appointments available.

Please send CV to
Practice Opportunities
17570 Meadowood Ave.
Lathrup Village, Michigan
48076

PRACTICE IN THE LAND OF LAKES

- Family Practice
- Orthopaedics
- NP's or PA's for Rural Health Clinics

Fully accredited 60-bed hospital
Rehabilitation unit
Clinically broad practices with regional referral availability

Private practice or hospital-based practice

Call coverage

Excellent benefits.

For more information call:
Diane Thompson
(616) 324-4068
Three Rivers Area Hospital
1111 West Broadway
Three Rivers, MI 49093

Equal Opportunity Employer

TRAH Three Rivers Area Hospital

ADVERTISERS' INDEX

Bennethum 54
Binson's Home Health Care 55
Brainerd 50
Caylor-Nickel Clinic, PC 16
Chicago Medical Society 51
Colonial Valley 46
Cunningham Group 9
Davis Smith 50
DMC Health Care Center 55
Doctor Chiodo 53
Harper Associates 52
Jirous Management Group 7
Medical Protective Agency 41
Mercy Oakland Physician 50
Michigan Clinic for TMJ/Facial Pain 13
Michigan Pain Management 39
Michigan Physicians Mutual Liability Company .... BC
MSMS Group Insurance Trust 23
MSMS Physician Service Group ..... IBC
MSU/PIM Weekend MBA 15
Oakwood Hospital 1
Physicians Leasing 22
PICOM ..... IFC
Plant Moran 54
Premier 50
Saint Francis, OSF 51
Staff Care 51
Stratton Cheeseman & Walsh 40
Three Rivers Hospital 55
Two Men and a Truck 35



Election 1998:

Grassroots political action for doctors

By Peter A. Duhamel, MD

When doctors ask me, "What is MSMS doing for me?" I usually list all of the benefits of membership. What commonly impresses them the most is MSMS's advocacy for its member physicians.

MSMS represents *your* needs to Blue Cross Blue Shield of Michigan, and all the other health care organizations, including the HMOs. We represent *your* views to the American Medical Association, so that national medical policy will be favorable for the doctors of Michigan.

But most impressive of all is the legislative and judicial advocacy that MSMS is performing every day for the benefit of its 13,000-plus members.

Physicians' political voice

You all know how effectively MSMS has been representing you in Lansing and Washington. Last year we (with the support of the Coalition of Michigan Partners for Patient Advocacy) were able to effect passage of the Michigan Patient Bill of Rights. We have had two major tort reform packages passed; many of the elements of these bills are presently before the Michigan Supreme Court. We have had varying degrees of success in heading off scope of practice bills, and appear to be ahead on advanced nurse prescribing and on chiropractic legislation. We are having a lot of input on the bills to change how Blue Cross Blue Shield of Michigan (BCBSM) operates.

The primary reason that MSMS has had such a good track record through the years in dealing with the legislature is that we have been involved actively in helping to elect many *friends of medicine* to the legislature, also to the U.S. Congress and most of all, to the Courts.

Unprecedented opportunity

This election year is an unprecedented opportunity for us to make an impact. Because of term limits, almost 2/3 (65 of 110) members of the Michigan House of Representatives are *not* able to run again. Therefore, there will be a multitude of new faces in the House. Some potential candidates are starting to come out of the woodwork already, and many more will appear by the filing deadline in May.

MSMS will be organizing local committees to interview each of these candidates to determine who among them would be the *best friend* of medicine when elected. These committees will communicate their finding and recommendations to the Michigan Doctors Political Action Committee (MDPAC), which is responsible for officially endorsing the candidates and contributing any campaign donations.

But, that is only the beginning of the political battle. Then these local physicians should start a grassroots organization of "Doctors for so-and-so," and become actively involved in that candidate's campaign. They should conduct fundraising events, get-out-the-vote efforts and volunteer themselves and their families in various functions to aid that campaign. Presuming you have picked the winning candidate, he or she will be forever grateful to MSMS, but most especially to your contribution to get him or her elected. *You* will have a *friend* in the Legislature, and will always have instant access to that person to state the views of medicine regarding any bill before the House.

Of course, the same pattern holds true for elections to the State Senate, and also for U.S. Congress.

Also this year, we are electing three Michigan Supreme Court Justices. As in the previous two Supreme Court elections, the Alliance for Judicial Accountability (AJA) will be active in interviewing and recommending particular candidates. As this political year goes on, you will all be made very aware of the AJA and its recommendations. As I mentioned earlier, the makeup of the Supreme Court is of prime importance, since many of our hard-fought legislative victories, particularly in tort reform, have been challenged by the Trial Lawyers, and are now before the Supreme Court for its decision.

Become politically proactive

If *you* have not yet joined MDPAC as a sustaining or family member, it is imperative that you do so now. We do need all the funds we can get to make a difference in this year's elections. If you are already an MDPAC member, you should seriously consider joining the 300 Club.

For information on MDPAC, contact Donna LaGosh at MSMS at (517)336-5788 or e-mail her at dlagosh@msms.org/ ■

Doctor Duhamel is MSMS President.

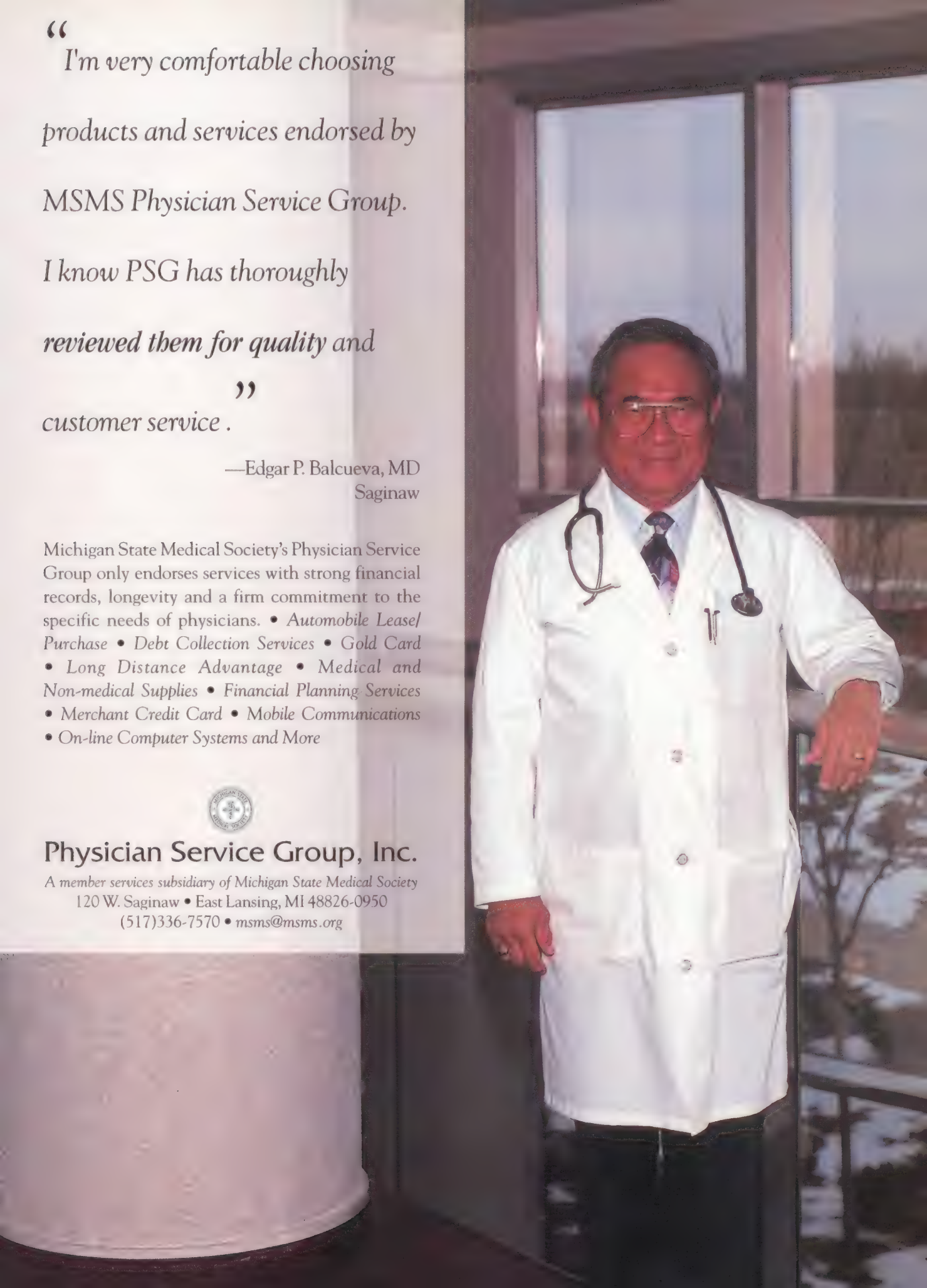
*"I'm very comfortable choosing products and services endorsed by MSMS Physician Service Group. I know PSG has thoroughly **reviewed them for quality** and customer service."*

—Edgar P. Balcueva, MD
Saginaw

Michigan State Medical Society's Physician Service Group only endorses services with strong financial records, longevity and a firm commitment to the specific needs of physicians. • *Automobile Lease/ Purchase* • *Debt Collection Services* • *Gold Card* • *Long Distance Advantage* • *Medical and Non-medical Supplies* • *Financial Planning Services* • *Merchant Credit Card* • *Mobile Communications* • *On-line Computer Systems and More*

Physician Service Group, Inc.

A member services subsidiary of Michigan State Medical Society
120 W. Saginaw • East Lansing, MI 48826-0950
(517)336-7570 • *msms@msms.org*



Other Insurers Say They'll Stand Behind You When You Have

NATIONAL LIBRARY OF MEDICINE
NLM 01179983 2



MPMLC Stands in Front of You.

After all, fighting legal battles isn't your business, it's ours.

When it comes to professional liability, Michigan Physicians Mutual Liability Company (MPMLC) will be your shield, **defending you against non-meritorious claims** and protecting your reputation. Our experienced claims staff will forge ahead in your defense. And we'll **keep fighting** until your claim is resolved.

MPMLC is highly rated by A.M. Best and Standard & Poor's. This means you can be confident we have the financial strength to keep you safe, even in the heat of battle.

We're also guarding your future by providing: customized coverage, excellent hands-on service, competitive pricing, and nationally recognized risk management programs that will help minimize the threat of future claims and also can qualify you for premium discounts.

So, you keep doing what you do best, and we'll keep doing what we do best — shielding our policyholders from financial risk. For more information or a quotation, please call our representatives at the Stratton, Cheeseman & Walsh Agency, **1-800-968-4929**.

- Rated "A-" (Excellent) by A.M. Best and "A+" by Standard & Poor's
- Customized Coverage
- Policyholder's Consent to Settle Claims
- Proactive Risk Management
- Competitive Rates
- Prior Acts Coverage Available
- Free Retirement Tail Available

MICHIGAN PHYSICIANS
Mutual Liability Company

The endorsed medical liability insurance provider of the Michigan State Medical Society and the Michigan Osteopathic Association.

#1 MI22J
V.97 NO.2 1998
C.01--------SEQ: M33700000
TI: MICHIGAN MEDICINE
03/04/98

PA 350 • Joint Section News • Medical Symbols

Michigan Medicine

February 1998 • Vol. 97, No. 2 Award-Winning Journal of the Michigan State Medical Society



PROPERTY OF THE NATIONAL LIBRARY OF MEDICINE

**********MIXED ADC 481
S 5 24
47367
NATIONAL LIB OF MEDICINE
IM S223603 BLDG 38 RM BLW10
8600 ROCKVILLE PIKE
BETHESDA MD 20894-0001

MEDICAL LITIGATION

"PHASE THREE" OF LAWMAKING

PUT YOURSELF IN OUR INNER CIRCLE

When you have a PICOM policy, you're surrounding yourself with a unique kind of professional liability protection. That's because at PICOM, insurance is more than just a policy.

Your Practice Deserves Special Attention

No matter what your practice design, our DoctorCare,[sm] CorpCare,[sm] and HealthServices[sm] policies are tailored for you.

You Can Count on Our Experience and Stability

We've successfully handled over 14,000 claims during our 16 years of service to the medical community.

Our Tough Defense Makes Your Voice Heard

PICOM's commitment to the policyholder is unique; policyholders have a say in any decision to settle.

Assisting You "Up Front"

Our risk management team helps you and your staff learn how to *prevent* problems.

Put PICOM's circle of protection to work for you. For more information, contact your local PICOM agent or a PICOM representative at 800/292-1036.

PICOM
INSURANCE COMPANY



MARK YOUR CALENDAR!

PRESENTED BY

MICHIGAN STATE MEDICAL SOCIETY

in conjunction with the

Michigan Department of Community Health

Michigan Nurses Association

Michigan Hospice Organization

PALLIATIVE CARE

Comprehensive Care at the End of Life

Thursday, April 23, 1998
8:30 a.m. to 4:30 p.m.

Kellogg Center
MSU Campus, East Lansing

State and nationally recognized experts will discuss critical palliative care issues including the transition from curative to palliative care, treating intractable pain, terminal sedation and hospice eligibility-certification of terminal illness. Watch MSMS publications for more details.

For details or for more information about CME credits, please call Tom Seely at MSMS at 517-336-5770 or via e-mail at tseely@msms.org.

CONFERENCE REGISTRATION FORM

PLEASE TYPE OR PRINT CLEARLY

Name_____
First Initial Last

_____
Title (i.e., MD, DO, RN)

_____
Practice Organization

_____
Specialty

_____
Address

_____
City/State/ZIP

_____
Phone (include Area Code)

_____ _____
Fax email

PALLIATIVE CARE
Thursday, April 23, 1998 — 8:30 a.m. to 4:30 p.m.

Registration Fee:

Physicians	$125
Nurses/Physician Assistants/Social Workers/Hospice Administrators	$90
Residents/Students/Retired/ Hospice Volunteers	$40

☐ Check (Payable to MSMS)
☐ VISA ☐ MasterCard

_____ _____
Card Number ExpDate

_____
Authorized Signature

Total: $_____

Mail Payment and Registration to:
Michigan State Medical Society
Attn: Brenda Eberly, Registrar
120 W. Saginaw, PO Box 950
East Lansing, MI 48826-0950

FAX Registration to: 517-337-2490

Phone Registration to: 517-336-5784

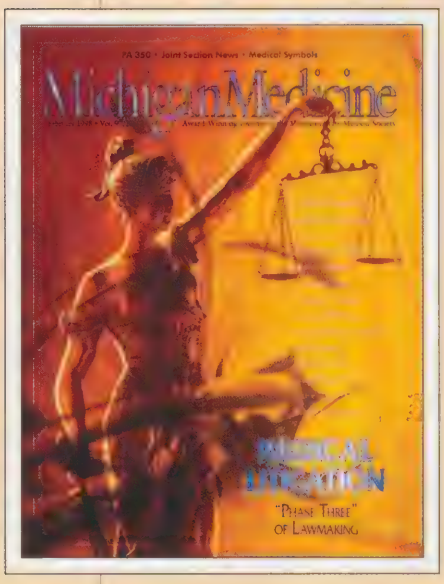
Call Tom Seely at MSMS at 517-336-5770 or e-mail at tseely@msms.org for information about **CME Credits**.

Please contact me regarding special accommodations.

Award-Winning Journal of the Michigan State Medical Society

MichiganMedicine

COVER STORY



Cover design: Abbott Press
Photography: Michael Schimpf

Medical Litigation

"Phase three" of lawmaking 24

The big "Ls"—Litigation and Legislation—have a huge impact on physicians' practices these days. You hardly can speak of one without getting into the other. For, as soon as legislatures pass laws, offended parties file lawsuits, and "the word of the people" is put on hold until the courts can decide how to dispose of the litigation. That is what has happened to the highly important medical liability reforms passed with so much MSMS effort in 1993. MSMS has prevailed so far as the trial lawyers attempt to have the reforms thrown out. But the battles still rage.

By Ralph D. Ward

FEATURES

ISSUES BRIEF

Blue Cross Blue Shield of Michigan reform 11

Several bills - SB 673 through 675 - introduced by State Senator John J. Schwarz, MD, pave the way for Blue Cross Blue Shield of Michigan (BCBSM) to convert to a non-profit mutual insurance company.

LEGISLATIVE PROFILE

State Representative Michael J. Hanley 15

Rep. Hanley is focused on ensuring that the interests of physicians and patients are represented as Michigan's health care industry moves steadily toward managed care.

By Karen Bouffard

February 1998 Volume 97, Number 2

MSMS Internet Website Address: http://www.msms.org/

MSMS E-mail Address: msms@msms.org

FEATURES

PHYSICIAN PROFILE

Thomas Royer, MD: Making his mark in history 18

Doctor Royer received a call from President Bill Clinton's personal physician requesting that he care for a very special patient.

By Cathy L. DeShano

VIEWPOINT

Medical symbols: One snake or two? 22

The Staff of Aesculapius or the Caduceus—which is the correct symbol of medicine?

By Jeffery M. Jones, MD

LEGISLATIVE PROFILE

Michigan Senator Dan L. DeGrow 35

Working with physicians to bring about change.

By Karen Bouffard

JOINT SECTION

Joint Section Newsletter Insert

DEPARTMENTS

ACROSS THE STATE 4
SURFING THE INTERNET 6
ASK OUR LAWYER 8
PEOPLE 42
EDUCATIONAL OPPORTUNITIES 46
IN YOUR FUTURE 48
CLASSIFIED 50
AD INDEX 55
PRESIDENT'S PERSPECTIVE 56

Coming in *Michigan Medicine:*

March Helping physicians improve their reimbursement

April Unionization

Look for *Michigan Medicine* On-line at http://www.msms.org/



WAYNE

MSMS member receives kudos

The Detroit Medical Society recently presented an award to Blue Cross Blue Shield of Michigan Corporate Medical Director and MSMS member Dexter W. Shurney, MD.



Dexter W. Shurney, MD

Doctor Shurney received this honor for his excellence in providing good health care for the people of Michigan. The ceremony was held at the Museum of African American History in Detroit, and the award was presented by MSMS Board of Directors member Cecil R. Jonas, MD. "Doctor Shurney brings to the position of chief doctor at Blue Cross Blue Shield of Michigan caring and sensitivity that can only help physicians . . . this [the award] reflects richly on Blue Cross' interests by putting a kind face on what can be a very ugly face for health care ," says Doctor Jonas. "The advent of Dexter brings a little humanity to the very harsh process of delivering care these days."

World-renowned surgeon visits Oakwood

Oakwood Hospital and Medical Center-Dearborn recently hosted a visit from world-renowned Brazilian heart surgeon, Randas Jose Vilela Batista, MD. Doctor Batista has developed a new procedure—Left Ventricular Reduction Surgery— to treat patients with enlarged failing hearts due to multiple disease processes. Doctor Batista has performed the procedure on more than 300 patients in Brazil.

Bruce Washington, MD, chief of cardiothoracic surgery at Oakwood and president of the Detroit Heart Club, invited Doctor Batista to speak and discuss his procedure at the Heart Club. "Doctor Batista performs this surgery in rural Brazil, so he doesn't have the equipment available to him that we do at Oakwood," said Doctor Washington. "We planned his visit to Oakwood to see how he has adapted his procedure and techniques to his local environment, and to acquaint him with cardiovascular surgical practice here."



(from left to right) Randas Jose Vilela Batista, MD, Reza Dabir, MD, Bruce Washington, MD, and Barbara Malam, MD, inspect some of Oakwood's state-of-the-art cardiovascular equipment.

Share your news with us. "Across the State" is an excellent vehicle for communicating the activities of your county medical society or specialty society. Send your information to: Tom Seely, MSMS chief of physician outreach programs, P.O. Box 950, East Lansing, MI 48826-0950. Phone: (517) 336-5770. Fax: (517) 337-2490. E-mail tseely@msms.org.

Executive Director
William E. Madigan

Committee on Publications
John H. McLaughlin, MD
Birmingham, Chair
Thomas R. Berglund, MD
Portage
Jeffrey M. Jones, MD
Battle Creek
Dorothy M. Kahkonen, MD
Detroit
John M. MacKeigan, MD
Grand Rapids

Editor
Judith E. Marr
Assistant Editor
Kristen M. Lare

Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editor nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. **Michigan Medicine** reserves the right to accept or reject advertising copy. Products and services advertised in **Michigan Medicine** are neither endorsed nor warranteed by MSMS, with the exception of a few.

Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published 12 times per year on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news and exchanges should be addressed to Judy Marr, advertising to Judy Hudson, classified advertising to Kristen Lare, and address changes to Jennifer Bates, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

MICHIGAN MEDICINE
Michigan State Medical Society
P. 0. Box 950
East Lansing, Michigan 48826-0950.
Phone 517-337-1351
©1998 Michigan State Medical Society

Design, layout and prepress by Abbott Press, East Lansing, a subsidiary of MSMS.

PRINTED WITH SOY INK

SOCIETY OF NATIONAL ASSOCIATION PUBLICATIONS

Michigan State Medical Society

the Voice of 13,000 Michigan Physicians

Officers

PRESIDENT	Peter A. Duhamel, MD, *Rochester*
PRESIDENT-ELECT	Cathy O. Blight, MD, *Flint*
IMMEDIATE PAST PRESIDENT	W. Peter McCabe, MD, *Grosse Pointe Shores*
SECRETARY	Thomas R. Berglund, MD, *Portage*
TREASURER	Billy Ben Baumann, MD, *Pontiac*
SPEAKER	Dorothy M. Kahkonen, MD, *Detroit*
VICE SPEAKER	Paul O. Farr, MD, *Grand Rapids*

Board of Directors

CHAIR	Krishna K. Sawhney, MD, *Farmington Hills*
VICE CHAIR	Kenneth H. Musson, MD, *Traverse City*

District Directors

DISTRICT 1	Hassan Amirikia, MD, *Detroit*
	James P. Gallagher, MD, *Detroit*
	Richard P. Horsch, MD, *Farmington*
	Cecil R. Jonas, MD, *Detroit*
	Krishna K. Sawhney, MD, *Farmington Hills*
	Joseph J. Weiss, MD, *Huntington Woods*
DISTRICT 2	Mitchell A. Rinek, MD, *Lansing*
DISTRICT 3	Jeffrey M. Jones, MD, *Battle Creek*
DISTRICT 4	James B. Kilway, MD, *Kalamazoo*
	David J. Millard, MD, *Paw Paw*
DISTRICT 5	John M. MacKeigan, MD, *Grand Rapids*
	M. Gary Robertson, MD, *Grand Haven*
DISTRICT 6	AppaRao Mukkamala, MD, *Flint*
DISTRICT 7	D. Moore Hislop, MD, *Port Huron*
DISTRICT 8	Thomas A. Egleston, MD, *Saginaw*
DISTRICT 9	Kenneth H. Musson, MD, *Traverse City*
DISTRICT 10	Devendra Sharma, MD, *Tawas City*
DISTRICT 11	Robert C. Packer, MD, *Muskegon*
DISTRICT 12	Jaak M. Pahn, MD, *Sault Ste. Marie*
DISTRICT 13	Rudy W. Stefancik, MD, *Hancock*
DISTRICT 14	Rudi Ansbacher, MD, *Ann Arbor*
	Rhoda M. Powsner, MD, *Ann Arbor*
DISTRICT 15	Mark D. Kolins, MD, *Troy*
	John H. McLaughlin, MD, *Birmingham*
	Alan M. Mindlin, MD, *Pontiac*
	Donald B. Muenk, MD, *Warren*
EXECUTIVE DIRECTOR	William E. Madigan

User beware.

How to spot potential security risks on the Internet

By William R. DeCourcy, Jr.

In an age where online communication and Internet commerce is becoming a way of life for many physicians, users of the Internet need to be aware of potential security risks and actively promote their own security while online.

Most Internet users are aware of the problems associated with viruses and insecure credit card transmissions, but danger presented by the use of ActiveX—a new World Wide Web technology—largely goes unnoticed.

Unwanted intruder

Like "applets" which were designed using the common Internet programming language, called Java, ActiveX controls are small programs that extend the capability of your World Wide Web browser. Unlike Java, which works on versions of almost every Internet browser, ActiveX is a technology currently restricted to versions 3.0 and 4.0 of Microsoft's Internet Explorer program. When using Internet Explorer 3.0 or 4.0, ActiveX controls automatically are downloaded when you visit a homepage that contains ActiveX information.

The most significant difference between ActiveX and Java is their approach to Internet security. Java applets are considered safe by most Internet experts, due to the fact that they are restricted in both the functions they can perform, and the damage they can do. Java applets, for example, are not allowed to interact with an Internet user's hard disk. Unfortunately, ActiveX controls do not contain this limitation. In order to allow remote Web servers to create integration between the Internet and your computer, ActiveX is not restricted in any way from manipulating, reading or erasing information from your hard drive or memory.

How ActiveX works

When ActiveX was first introduced to the Internet in 1996, many online users reacted with horror. In essence, individual Web programmers using ActiveX were given the power to eavesdrop on remote hard drives, destroy data or even shut down a user's computer remotely. Shortly after this introduction, a well-known incident highlighted the security problems inherent in ActiveX, forcing Microsoft to re-evaluate its Internet strategy.

In 1996, a German hacker's organization known as the Chaos Computer Club demonstrated an ActiveX control, which, if allowed to run, could steal money from online bank accounts. The mechanism employed by this program was simple: once an Internet user visited a homepage that contained the money- stealing control, ActiveX caused the program to be downloaded automatically onto that user's hard drive.

Once downloaded, the ActiveX program searched for a copy of the popular home finance application Quicken on the infected user's hard drive. If Quicken was present, the



Signed ActiveX controls display digital certification information from the author.

ActiveX control then determined if online banking was enabled. If this function was also available, the malicious ActiveX control instructed Quicken to transfer all available money from the infected user's bank account to another account controlled by the Chaos Computer Club.

This problem had a huge potential scope; Intuit, the manufacturers of Quicken, estimate that over one million people worldwide have online banking installed on their home computers.

New protective measures

While no incidents of fraud occurred because of this rogue ActiveX control, the demonstration of this security threat caused many Internet users to call upon Microsoft to create protective measures for their data and finances while using the Internet. Microsoft has responded by creating a developer certification program.

For a small fee, ActiveX programmers can buy a digital ID that they can use to "sign" the ActiveX programs they create. Before purchasing a digital ID, however, an ActiveX programmer must agree to a "software publishers pledge" that states that the digital ID will not be used to sign "malicious, destructive or harmful" software.

When a signed ActiveX control is detected by Microsoft Internet Explorer, the browser displays a digital certification that identifies the author of the program, and allows the user to abort loading of the ActiveX control onto their computer. Unsigned applications display a different warning that warns Internet users of the potential harm of downloading unfamiliar ActiveX controls.



Unsigned ActiveX controls offer no security information.

While the digital keys now used to identify trusted developers have eliminated some of the worry surrounding ActiveX, this system is by no means foolproof. Digital IDs and other distinguishing information can be forged or stolen. Unless someone reports a certified developer as having created a malicious ActiveX control, they are unlikely to have their certification pulled.

Working with ActiveX, then, comes down to a judgement call of whether you feel comfortable with the security offered by digital certification. Generally, I abide by two rules while working with Microsoft Internet Explorer. I never allow an uncertified ActiveX control to install itself on my computer, and I think twice about allowing an unfamiliar source to load a potentially dangerous program onto my hard drive, even if digital certification is present. ■

The author is chief of Internet Systems for MSMS.



ERISA preemption and administrative-services-only contracts

By Richard D. Weber, JD

MSMS Legal Counsel

Question: **It is my understanding that insurance companies and other entities acting as administrators of employee benefit plans may be immune from regulation and litigation under the federal ERISA law. I recently have read, however, that the Michigan appellate courts have held differently. Can you please explain this?**

Answer: The federal Employee Retirement Income Security Act (ERISA) provides that state laws that "relate to" employee benefit plans are preempted by ERISA. This federal statute was at issue in the *BPS Clinical Labs* v *BCBSM* case. The relevant facts were as follows: The Premier Prudent Laboratory Use Program, also known as "Premier Plus," was a diagnostic laboratory network program developed, marketed and implemented by Blue Cross Blue Shield of Michigan (BCBSM). BCBSM administered this General Motors Corporation employee benefit plan under an administrative-services-only (ASO) contract. BCBSM was not acting as an insurer, which would have made it exempt from preemption. The program established a panel of six provider laboratories that agreed upon discounted prices. Physicians who referred specimens to non-panel laboratories would not receive any fee, and non-panel laboratories would be reimbursed only 50 percent of the payment schedule. Physicians who performed non-standard procedures would be reimbursed at 50 percent of the fee schedule.

Excluded laboratories and physicians asserted multiple claims against BCBSM, including violations of Act 350 and other statutes, along with common law breach of contract and tort claims. One such claim was asserted on behalf of physicians for breach of the Provider Participation Agreement.

In September 1994, the Michigan Court of Appeals held that ERISA preempted all claims and dismissed the case. That decision was appealed to the Michigan Supreme Court, with the support of an *amicus curiae* brief of MSMS. The Michigan Supreme Court remanded the case to the Court of Appeals for further consideration and, in July 1996, the Court of Appeals reversed itself and held that BCBSM was not immune from such suit and regulation. BCBSM then filed an application for leave to appeal that decision to the Michigan Supreme Court. In support of BCBSM's Application for Leave to Appeal, the UAW, American Manufacturers Association and Michigan Manufacturers Association filed briefs against the arguments asserted by MSMS in its brief. On October 21, 1997, the Michigan Supreme Court denied BCBSM's appeal. In entering this order, the Michigan Supreme Court let stand the latest Michigan Court of Appeals decision, which was based upon the arguments asserted by MSMS that BCBSM, acting under an ASO contract, was not the beneficiary of ERISA preemption and thus immune from suit and regulation under state law.

This case was discussed in legal counsel's *Michigan Medicine* column in December 1994, before the Supreme Court remanded the case for further consideration. The decision by the Michigan Supreme Court, denying BCBSM's appeal, represents the final judicial pronouncement in this case that has been pending for years. The case has wide ramifications for the reason that the original holding of the Court of Appeals would exempt BCBSM and other administrators from any state regulation or private contract or tort

continued on page 10

Editor's Note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Judith Marr, Editor, P.O. Box 950, East L ansing, MI 48826-0950.

MICHIGAN STATE MEDICAL SOCIETY

SECTION NEWS

for IMGs, OMSs, Young Physicians, Residents and Medical Students

Welcome to MSMS Section News, highlighting activities and topics of interest to International Medical Graduates, Organized Medical Staff members, Young Physicians, Residents and Medical Students. It details the priorities addressed by your peers, and alerts you to important emerging issues.

Look for this newsletter three times a year in *Michigan Medicine*, and find regular updates about MSMS Sections online at http://www.msms.org. Your comments and suggestions are welcome.

International Medical Graduates Section

Amitabha Banerjee, MD, Chair

IMGs focus on common concerns and new language course

A focus group was held on Wednesday, November 19, at the Bavarian Inn in Frankenmuth for IMGs in the Saginaw area and surrounding counties. The meeting began with socializing, which was followed by dinner. It gave international medical graduates the opportunity to network and discuss common needs and concerns. Guest speaker for the evening was Andrew S. McCullough. Mr. McCullough is the



Andrew S. McCullough

Instructor for the English Language Course, approved by MSMS and the MSMS-IMG Section, being held at the English Language Center at Michigan State University. Mr. McCullough described the course and what will be covered in it. He also illustrated what happens when you are not understood, and what can happen if you do not understand your patients.

New Examination Questioned

Effective July 1, 1998, in order to be eligible for certification by the Educational Commission for Foreign Medical Graduates (ECFMG), graduates of foreign medical schools must pass a new Clinical Skills Assessment (CSA) examination, in addition to the other tests already established. The CSA is a one-day examination that requires demonstration of both clinical proficiency and spoken English language proficiency. The CSA will be administered throughout the year at the ECFMG Clinical Skills Assessment Center in Philadelphia. Applicants must pass the medical science examination in the basic medical and clinical sciences and the English language proficiency test as prerequisites to taking the CSA. There is no limit on the amount of time that may elapse between these prerequisite examinations and the CSA. Passing performance on the CSA will be valid for three years from the date passed for purposes of entry into graduate medical education.

MSMS received a letter from a member expressing concerns about this new exam. The letter was forwarded by MSMS Board of Directors Chair Krishna K. Sawhney, MD, to the IMG Section Governing Council for discussion and recommendations. The Governing Council decided that they want assurances from the ECFMG that all applicants to any medical schools in the United States are given the same examination as is being required of the international medical graduates. (Council members knew of some schools that already give a standardized patient clinical assessment examination.) The Council also wanted to know if the ECFMG plans to offer the CSA exam at more than one location. They believe it is prohibitive to require all applicants to travel to one location when the other required examinations are available across the United States.

The ECFMG response will be published when it is received.

University of Michigan Meeting

Representatives of the University of Michigan Medical School, MSMS and the MSMS-IMG Section met in 1996 to discuss issues related to graduate medical education. At that meeting, all participants affirmed the principle that the selection of educational trainees should be based on merit without reference to medical school origin or other bases. A follow-up meeting is planned for early 1998.

Medical Students Section

Charlene An, Chair, University of Michigan

The MSMS Medical Student Section is busy and growing. The current membership as of December 1, 1997 is 985. Each medical school has been very active in the past few months with many ongoing activities and projects. Both University of Michigan (U-M) and Wayne State University (WSU) participated in canned food drives during Halloween. WSU had its annual Octkoberfest at the Wayne County Medical Society Headquarters in Detroit. Approximately 140 medical students participated. Both Michigan State University (MSU) and WSU had several luncheon meetings regarding malpractice and risk management sponsored by MSMS and MPMLC. These were of great interest to all and very well attended.



Medical Students (left to right) Rajiv Patel, WSU; Brian West, WSU; Steve Chen, U-M; and Amarpreet Singh, WSU at the AMA Interim Meeting in Dallas.

Approximately 20 medical students from Michigan attended the Interim Meeting of the AMA Medical Student Section in Dallas. They participated in two days of debate, and acted upon 23 resolutions and four reports.

Two of the resolutions were introduced by medical students from the University of Michigan. Shaiba Ansari-Ali, Jeffrey Huo and Jerry Mastaw introduced a resolution regarding the availability of reports from the AMA Board of Trustees and Councils as well as a resolution to create an "Introduction to Politics" seminar. The resolution regarding the availability of AMA reports was adopted and will be referred to the AMA House of Delegates Annual Meeting in June, 1998. The resolution concerning an introduction to politics seminar was not adopted. Please review the AMA-MSMS web site at www.ama-assn.org/mss for further information. Or, contact the following officers or MSMS staff:

Chair: Charlene An (313) 975-6765 "angiebrt@umich.edu"
Vice Chair: Param Dedhia (517) 793-8742 "dedhiapa@pilot.msu.edu"
AMA Delegate: Peter Watson (313)884-4206 "pwatson@med.wayne.edu"
Staff: Deborah Zannoth (517) 336-5767 "dzannoth@msms.org"

Organized Medical Staff Section

Edward J. Rutkowski, MD, Chair

The December AMA-Organized Medical Staff Section (OMSS) 30th Assembly, was developed as the first combination OMSS business/education assembly. It began with early-bird education sessions: CPT Coding Update, Grassroots Advocacy and ORYS: The Next Generation of Accreditation.

The was followed by OMSS forums, which were informative discussion sessions pertaining to: physician managers, solo and small-group practice, employed physicians and hospital-based physicians.

At the first OMSS business meeting on Friday, the assembly received 11 late resolutions of which four were accepted. The assembly also received two resolutions for re-affirmation (pertaining to CLIA repeal and pharmacy substitutions).

At the Michigan delegation meeting, Edward J. Rutkowski, MD, MSMS-OMSS chair introduced AMA-OMSS leaders, including: William B. Monnig, MD, secretary, Thomas E. Price, MD, member at large, Joseph L Murphy, MD, alternate delegate and Stephen T. House, MD, member at large, each presenting brief remarks.

The delegation also participated in the OMSS educational programs: Essentials of measuring, managing and marketing patient outcomes; Medical Staff Re-engineering and Bylaws; Group Dynamics and Team Building; The Next Frontier in Quality . . . Decision Quality and Forming Your Own Physician Organization.

YOUNG PHYSICIAN SECTION

Pino D. Colone, MD, Chair

ACTION AT THE AMA LEVEL

MSMS Young Physicians have been active here and at the national level. Pino D. Colone, MD, chair of the MSMS-YPS attended the AMA-YPS Interim Assembly Meeting, December 4-10, 1997 in Dallas. It was an extremely challenging and exciting meeting: the AMA-YPS debated 27 resolutions and six reports over the two days.

The resolutions covered a wide range of topics from the appropriate use and training of the Internet, to campaign finance reform, plus issues such as genetic counseling and obesity as a chronic disease. For an update on all actions taken by the AMA-YPS and the AMA House of Delegates, please check the Internet yps@ama-assn.org or contact Jon Burkhart at AMA Young Physician Services (800) 262-3211.

BOARD CERTIFICATION

Today board certification is becoming less an option and more a necessity to gain credentialing privileges on many hospital's staffs and to participate in managed care plans. The AMA-YPS recently has developed an extremely useful document on Board Certification and Rectification. The document outlines the requirements for initial certification and rectification along with the implications of not achieving board certification. Please look for it online at www.msms.org, or contact MSMS staff Deborah Zannoth (see information below).

The MSMS-YPS Governing Council now is planning for the 10th Annual Meeting which will be held on Saturday, March 7, 1998, at the Dearborn Inn in Dearborn. They also are designing a website. If you have ideas for resolutions for the meeting or wish additional information about the MSMS-YPS please contact Deborah Zannoth via e-mail at dzannoth@msms.org or by phone at (517) 336-5767. You also may contact any of the YPS Governing Council members listed below:

Pino D. Colone, MD, Chair (810) 257-9824
David Nadeau, MD, Chair Elect (616) 733-3155
Peter S. Chang, MD (616) 965-8866
David E. Randolph, MD (517) 631-6067
Kevin Lokar, MD (810) 469-5511
Timothy Cox, MD (810) 985-1670
Gregory L. Walker, MD (517) 351-6155

John A. Rupke, MD, reported regarding the November 21, 1997 Special Conference conducted by the MSMS Physician Executive Organizations regarding intra-city and inter-city hospital mergers. The delegates discussed the affect these mergers may have on the respective medical staffs. Doctor Rupke announced that a conference regarding hospital mergers is being planned for the spring of 1998. There delegates then participated in the special OMSS educational program "Medicare/Medicaid Fraud and Abuse Compliance."

The members of the Governing Council are Edward J. Rutkowski, MD, chair; John H. McLaughlin, MD, vice-chair; John G. Wiegenstein, MD, secretary; Robert G. Borchak, MD, member at large; Arnold M. Cohn, MD, member at large; John A. Rupke, MD, delegate; and Hassan Amirikia, MD, alternate delegate.



John A. Rupke, MD

Michigan resident physicians had a strong presence at the AMA Interim Meeting in Dallas. Ten Michigan delegates attended the meeting from Michigan, including several that represented specialty societies. Lynn Chen, MD, who is vice chair of the Michigan RPS, served as chair of the Committee on Credentials and Tellers.

Michigan introduced a resolution asking the AMA to urge Congress to amend the federal law to allow legal immigrants to become eligible for public health care benefits. The Assembly supported an amended resolution that asked the AMA actively to lobby federal and state governments to restore and maintain funding for public health care benefits for all legal immigrants.

The most hotly debated issue was collective bargaining. At both the RPS Assembly and the House of Delegates (HOD), delegates testified to the need to enforce the institutional requirements of the Accreditation Council for Graduate Medical Education so that residents can negotiate with teaching institutions on issues affecting resident or patient well being, without actually giving residents the right to strike. Several models exist in the United States and Canada for collective negotiation agents (including the University of Michigan), and work stoppages have not been a problem in these cases.

It was a victory for residents that the HOD supported working with ACGME and its parent organizations, and the Board of Trustees will have an amicus brief ready to file with the National Labor Relations Board if the Board feels is it appropriate to take such action. The HOD clearly recognized that it is important to ensure that residents are appropriately represented in their institutions

Partha Nandi, MD, past chair of the Michigan RPS, also attended the AMA House of Delegates to serve as an alternate delegate for the Michigan delegations. He worked closely with the Michigan delegation to explain the RPS position on collective bargaining and other issues of concern to residents.

MSMS-RPS Delegates

Partha S. Nandi, MD
Rachel Vidal, MD
Anthony A. Bennett, MD
Derek Jones, MD
Dheeraj K. Rajan, MD
Karen A. Alton, MD
Todd M. Hertzberg, MD
Charles Boyd, MD
Lynn Chen, MD
Joshua Helman, MD



Michigan residents meet Saturday morning to review reference committee reports and prepare delegation testimony. From left: Dheeraj Rajan, MD; Derek Jones, MD; Joshua Helman, MD; Partha Nandi, MD; Karen Alton, MD.



Alternate delegates Partha Nandi, MD and Hassan Amirikia, MD review the days events.

Announcing...

Malpractice Insurance Alternatives!

Cunningham Group

"Insurance and Risk Management Services Since 1947"

Call Toll Free: 888.656.7070

As specialists in malpractice insurance, the Cunningham Group can offer you top-rated and cost-effective malpractice insurance alternatives for:

• Individual and Group Practice Physicians and Surgeons •
• Clinics • Surgery Centers • IPAs • PHOs • MSOs •
• Multi-Specialty Practices •

For Additional Information, Contact:
Terri L. Richards
888-656-7070 or 616-465-7070
Fax: 616-465-5007
Cunningham Group

Office Locations:
Stevensville, Michigan • Cleveland, Ohio • Chicago, Illinois
Houston, Texas • Columbus, Ohio • Pittsburgh, Pennsylvania

continued from page 8

claims in virtually all ASO activities. It is well known that ASO activities represent a substantial portion of the business of BCBSM and other insurers. If these entities were able to conduct such administrative activities on behalf of employers with total immunity from regulation or litigation, substantial cost savings could be achieved. But at what price? It is no wonder that the UAW and the American and Michigan Manufacturers Associations joined forces in an effort to support this ERISA preemption ruling. Fortunately, through the efforts of MSMS in its *amicus curiae* brief, justice prevailed. This was a case that MSMS could not afford to lose. A contrary result would have left physicians without a remedy against BCBSM and other major companies acting under ASO contracts, which would have been intolerable. ■

The author is senior partner with Kerr, Russell & Weber, Detroit.

For more information on ERISA

See the Issues Brief in *Michigan Medicine* vol. 96, no. 12 (December 1997), and the "Ask Our Lawyer" column in *Michigan Medicine* vol. 96, no. 11 (November 1997); or see our on-line version at www.msms.org/



Tear this article from the magazine and share with colleagues or file for reference. This issues brief is one of an important new series of backgrounders prepared for MSMS members. Look for future briefs in coming issues of the magazine. The briefs also can be found on the MSMS Internet home page for downloading. Please call Kristen Lare at MSMS at (517) 337-1351 for additional copies of this brief for your patients and colleagues.

Blue Cross Blue Shield of Michigan reform

Several bills - SB 673 through 675 - introduced by State Senator John J. Schwarz, MD, pave the way for Blue Cross Blue Shield of Michigan (BCBSM) to convert to a non-profit mutual insurance company. Currently, BCBSM is regulated under a unique law - Public Act 350 of 1980 - as a non-profit health care corporation.

About Blue Cross and Blue Shield of Michigan

BCBSM is among the nation's largest Blue Cross Blue Shield plans. Covering over one-half of all insured citizens in Michigan, either through insurance or as an administrator for self-funded health benefit plans, Blue Cross Blue Shield of Michigan is a dominant force in Michigan's health care system. Over 19,870 physicians and all but a few of the state's hospitals participate with Blue Cross Blue Shield, at contracted payment rates.

BCBSM is a member of the National Blue Cross Blue Shield Association. In recent years, new association standards have permitted Blue Cross Blue Shield plans to operate in multiple states, including states where a Blues plan is already established. The standards also permit Blue Cross Blue Shield plans to operate as for-profit entities. Currently, several other Blues plans operate in Michigan, under other names. For example, Health Care Service Corporation, Michigan's Medicare intermediary, is the government services arm of Blue Cross Blue Shield of Illinois.

Michigan Blues have acquired new lines of business in recent years through the acquisition of existing companies. These include the State Accident Fund, a workers-compensation insurance carrier formerly owned by the State of Michigan; and Preferred Provider Organization of Michigan, a network manager that contracts with third-party administrators in Michigan and several other states. In addition, BCBSM is the parent corporation for Blue Care Network HMOs—four regional subsidiaries that will consolidate their operations—making it the largest HMO in the state. The State Accident Fund and the Blue Care Network operations are governed under separate laws regulating workers-compensation insurance and health-maintenance organizations.

Impact of the legislation

The regulations in Public Act 350 (PA 350) of 1980 are complex, and many of its provisions are not relevant to the current environment. BCBSM officials suggest that the regulations limit their ability to serve their customers and make it easier for Blues plans from other states—including several for-profit plans—to fill market needs.

By converting to a non-profit mutual insurance company, BCBSM would no longer be subject to several requirements, including:

- Governance by a Board of Directors whose composition is mandated by statute and

includes representation of employers, employee subscribers, physicians and other providers and the public.

- Limits on the kinds of health care benefits it can offer.
- Limits on doing business in other states.
- Filing non-group rates and obtaining approval prior to their implementation.
- Statutory caps on reserves.

The Blues contend that these regulatory provisions limit their ability to meet customer needs and that conversion to a non-profit mutual would enable them to continue their community mission without constraints imposed by regulation.

Also at stake are several provisions affecting BCBSM relations with physicians. Under PA 350, BCBSM must file "provider class plans," which provide detail on contracting, payment and quality. Historically, this process has generated large amounts of paper and has had little bearing on BCBSM relations with physicians. Although few physicians would notice if the requirement were eliminated, we might want to maintain some regulatory oversight of physician participating agreements.

A more important issue to physicians relates to the appeals process for physician and other provider grievances. Current provisions of PA 350 that require the Blues to maintain an appeals process for physicians could be repealed with the conversion to a non-profit mutual insurer.

The complexity of the current BCBSM enabling act, and the influence of Blues' programs and policies on health care in Michigan, raise questions about whether the Legislature will approve a new law that regulates BCBSM much like any mutual insurance company. Current law includes substantial oversight of Blues' governance, financial affairs, premiums and subscriber and provider relations. The legislative debate provides unique opportunities to make legislators aware of specific issues impacting physicians.

MSMS legislation

MSMS has prepared legislation to address many issues of concern to physicians as we prepare to participate in legislative discussions involving Blue Cross Blue Shield reform. At this time, two State Senate members have agreed to introduce our legislation, including Senate Health Policy Committee Chair Dale Shugars (R-Kalamazoo) and Senator Dan DeGrow (R-Port Huron). MSMS may identify additional co-sponsors. A summary of major provisions follows.

Administrative issues

- Require compliance with MSMS recommendations for standardized claims reporting, including use of standardized forms, diagnosis codes and procedure codes.
- Require BCBSM to use the common credentialing form approved for use by the Michigan Association of Health Plans.

Quality issues

- BCBSM should comply with MSMS Principles for Medical Review. These include: review by physicians of the same specialty; requirements that guidelines used for review be disclosed prior to implementation; prohibiting refusal of payment for diagnostic services based on a negative result; and prohibiting either

failure to comply with guidelines or an aberrant profile to be used as sole criterion for audit or punitive action. These issues are similar to those addressed in utilization-management legislation that applies to all payers.

Payment issues

- Require payment for facility services at freestanding surgical centers owned by physicians. Currently, BCBSM has used "evidence of need" standards to deny payment to physician-owned facilities, claiming the current statute requires payment only if the facility meets the Blues' standards. BCBSM continues to challenge court rulings in favor of physicians who own these facilities. In the meantime, patients with BCBSM insurance do not have access to services at these facilities, as do patients covered by Medicare and several HMO plans in Michigan.

- Require BCBSM to pay Master Medical benefits directly to participating physicians in some instances. Specifically, MSMS is concerned about master medical payments made to an absent parent who is the subscriber. Often the custodial parent seeking care for a child does not receive the reimbursement from the ex-spouse. It is very difficult for physicians to collect from the custodial parent, and the money that BCBSM pays out is not paying for services.

- Eliminate the requirement that physicians who participate for a procedure on a per-claim basis, must participate on all claims for the same procedure for the rest of the calendar year. This provision, designed to promote access to care is, in fact, discouraging per-claim participation and limiting access.

- Require payment of interest on delayed claims. Currently, BCBSM does pay interest, but only on those claims that are "clean," (i.e., error free and with complete documentation on first submission). Therefore, any claim requiring additional documentation or correction of errors is not eligible for interest, regardless of how much time passes between submission of all necessary corrections and payment.

Due process

- Permit appeals of reimbursement and policy issues. Currently, the BCBSM appeals process treats policy issues separately. The participating agreement allows BCBSM to determine whether or not an issue is a "policy issue," limiting physicians' and others' rights outside of the internal BCBSM process.

For Further Information

If you would like any further information regarding PA 350, or if you have any questions regarding the pending legislation, please contact Mary Anne Ford, Director of Medical Economics and Health Care Delivery (517) 336-5721 or by e-mail at maford@msms.org.

This Issues Brief was prepared for Michigan Medicine by the MSMS Department of Medical Economics and Health Care Delivery.

Physicians Leasing Company, Inc.

Lease or purchase program

(Another Excellent MSMS Member Benefit Program)

Fleet Pricing - Leasing/buying through PLC assures you of receiving all available rebates and incentives - retail, dealer and fleet.

Delivery - No longer do you have to take time out to take delivery of your new vehicle. PLC brings it right to you, either at the office or at home.

Shopping - With our fleet connections we do the shopping for you. PLC experts will find the lowest available price for that special car you want.

Financing - PLC can take care of it all, purchase, lease, First Time Buyer, and Intern Financing, at the lowest rates available.

Trade-Ins - Yes, PLC will even take in your old car. We will do it all by phone to save you the headaches.

Used cars - Looking for a second car? A car for the kids? Give PLC a call; we always offer a fresh supply of good clean trade-ins.

Contact our staff today!

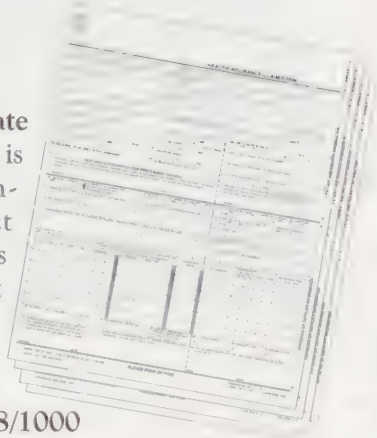
The important first step on the way to your next car!



(800)759-8880

An Endorsement You Can Trust.

HCFA 1500 Forms Available



The **Michigan State Medical Society** is pleased to announce a product offered through its subsidiary Abbott Press, the **HCFA 1500 Forms.** These forms are available at **$39.88/1000 for two-part carbonless,** or **$14.97/1000 for one-part forms,** plus tax and shipping.

To order, please call Heidi Van Ostran at 517-336-5761 or fax to 517-336-5797.

"Patients comment on our on-hold messages all the time. They enjoy receiving information rather than just listening to music."

– Office of Jeffrey T. Vangelderen, MD, FAAP
Bay City

- Script Writing
- Voice Talents
- Maintenance Free Service
- 100% Guarantee
- MSMS Member Discount

Demo Line:
(800) 892-HOLD
Speak to our Representative at
(517) 349-5177

PREMIER COMPANIES HOLD PLUS
Telephone on-hold message and music systems

State Representative Michael J. Hanley

Meeting challenges of managed care

By Karen Bouffard

State Representative Michael J. Hanley (D-Saginaw) is focused on ensuring that the interests of physicians and patients are represented as Michigan's health care industry moves steadily toward managed care.

"The issues we're dealing with now are expanding access to care, maintaining quality and controlling costs," he said. "But we must not be in the situation where non-medical people are making patient access or treatment decisions."

Assistant Associate Speaker Pro Tem for the 1997-98 legislative season, Representative Hanley has played a clear leadership role since he was first elected to the House in 1994. He was the only Democratic freshman to hold a committee vice-chairmanship, and was chosen by State Democratic Party leaders to represent his freshman class at the Michigan Democratic Party's State Convention.

Because of his leadership potential, he was one of only 50 legislators from across the country chosen to participate in the University of Virginia's Darden Institute of Business Administration "Program for Emerging Political Leaders" in June 1995.

Representative Hanley is chair of the House Urban Policy and Economic Development Committee. He also is a member of the House Oversight and Ethics, Legislative Council, Public Utilities and Tax Policy committees. He is a founding member and co-chair of the House Urban Caucus, a bi-partisan group of legislators, which works to find solutions to urban problems.

Representative Hanley says he is committed to representing the interests of Michigan's 95th district—his district —in the managed care debate. He, his wife Susi and their son Nicholas, live in Saginaw.

So far this year, he has co-sponsored a "passel" of bills designed to improve health care for Michigan citizens. House Bill 4500, introduced in March of 1997, would require approval of the Attorney General for the sale of a non-profit hospital or health care facility under certain circumstances. The bill currently is under review by the Committee on Health Policy. Hanley also cosponsored House Bills 4806 and 4807, now under review by the Committee on Insurance. These bills would require insurance companies and health care corporations to provide coverage for screening for prostate cancer.



Representative Hanley also co-sponsored two bills designed to facilitate organ donation. In addition, he co-sponsored House Bill 4230 (currently PA 57,1997), which requires HIV, hepatitis B and hepatitis C testing under certain circumstances for local and county corrections officers and court employees. This bill was signed into law on July 8, 1997.

"I can play a role by educating my constituency about the philosophies behind traditional and managed care," said Representative Hanley, who majored in political science at Western Michigan University, graduating summa cum laude in 1987. At 31, he became the youngest person ever elected to the Saginaw City Council. Following his reelection in 1991, he served as Saginaw's Mayor Pro Tem until 1993.

"People need to know that if there is a market incentive, it's to reduce treatment and access – and that's not always best for the patient." ■

The author is a Williamston-based freelance writer.

FOR

60,000

MESSA MEMBERS,

PROTECTION

IS KNOWING THEIR

FINANCIAL

FUTURE

IS



MESSA

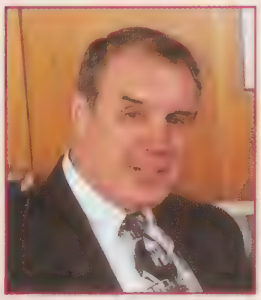
HEALTH INSURANCE FOR SCHOOL EMPLOYEES

517.332.2581 • 800.292.4910

MSMS has insurance for every physician's needs...



Jaak M. Pahn, MD
Sault Ste. Marie



Willard S. Stawski, MD
Grand Rapids



Howard Comstock, MD
East Lansing



Steven G. Fettinger, MD
Saginaw

When it comes to offering a variety of insurance programs for physicians, and top-notch customer service to back them up, there's no equal to MSMS Group Insurance Trust.

Trust us to keep you informed and covered. Contact an MSMS Group Insurance Trust representative today to review your coverage. Call toll-free (800)748-0195, fax us at (517)337-2590, or send E-mail to msms@ msms.org

❖ SUPPLEMENTAL COVERAGE TO MEDICARE ❖ INDIVIDUAL OR GROUP HEALTH AND DENTAL INSURANCE ❖ DISABILITY ❖ LIFE ❖ BUSINESS INSURANCES ❖ CAPITATION STOP-LOSS ❖ WORKERS' COMPENSATION

MICHIGAN STATE MEDICAL SOCIETY 1866

Michigan State Medical Society
GROUP INSURANCE TRUST

120 W. Saginaw East Lansing, MI 48823
(800)748-0195
http://www.msms.org/

Thomas Royer, MD

Making his mark in history

By Cathy L. DeShano

"I had never had a patient with so much worldwide attention. Everybody wanted to see him (Wei) and his family."
Doctor Royer

Day in and day out, Thomas Royer, MD, quickly diagnoses and reacts to problems as an emergency room physician. Yet he found one of his most challenging assignments in treating an individual whom he knew — nearly10 hours in advance — would be arriving at Henry Ford Health Systems in Detroit. Coordinating care for Wei Jingsheng — China's leading dissident whom the Chinese released from prison in November — necessitated special attention from Doctor Royer.

At about 12:30 a.m. on November 16, 1997, Doctor Royer, the senior vice president of medical affairs at Henry Ford Health System, received a call from President Clinton's personal physician—Connie Marciano, MD—requesting the Michigan doctor tend to the physical needs of Mr. Wei. The Chinese dissident, Doctor Royer learned, would soon be arriving by plane on a direct flight from China. Before Mr. Wei arrived at 10:30 that same morning, Doctor Royer was able to communicate by phone with members of the state department to assess the dissident's condition so that he could be quickly evaluated and admitted when arriving in Detroit. "Some news reports indicated he had died, so we took pictures of him soon after arriving to show that he was alive," Doctor Royer said.



Doctor Royer examines Mr. Wei.

Upon admission to the hospital, doctors performed a variety of tests and treatments on Mr. Wei. A heart catheterization ruled out life-threatening heart conditions and additional inquiries indicated Mr. Wei suffered from mild high blood pressure, chronic bronchitis, arthritis and a mild liver condition, according to Doctor Royer.

Communicating the problems the Chinese native was experiencing and relaying how they should be treated created a challenge for Doctor Royer and his team, as Mr. Wei speaks only Mandarin Chinese.

"We were able to get a team of people together from our staff who could speak Chinese to handle the situation," Doctor Royer said.

While addressing Mr. Wei's health problems proved vital, dealing with the added pressures of treating a high-profile patient also created challenges for Doctor Royer and the medical staff.

Shortly after Mr. Wei arrived, Doctor Royer said he began receiving calls from the press questioning if the dissident was, in fact, a patient at the Detroit hospital. While Doctor Royer often had dealt with the media in the past, he had never handled such a volume of



Mr. Wei (left) meets with his sister and nephew.

inquiries. "There were at least 50 different media outlets there, from *U.S. News & World Report* to *Time* and all the major TV stations," Doctor Royer said. "I had never had a patient with so much worldwide attention. Everybody wanted to see him (Wei) and his family."

While Doctor Royer received guidance from the state department for the first 12 hours following Mr. Wei's arrival, he said the government soon stepped back and allowed him to work with Asian Watch, an organization that has helped the Chinese native to coordinate living arrangements since coming to the United States.

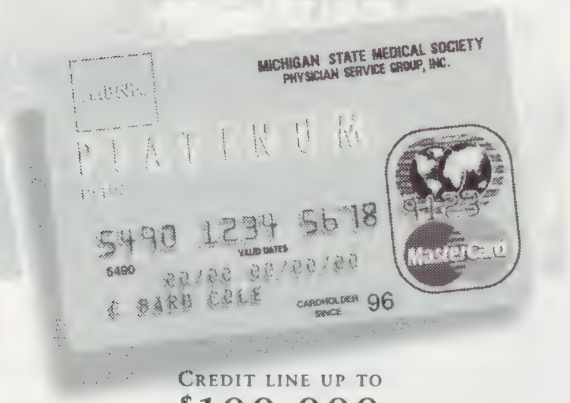
Although the experience tending to Mr. Wei's health care needs may have dealt Doctor Royer some challenges he had not faced before, the physician — who also has served as a surgeon and an emergency room physician — said the experience had many similarities to his daily encounters. "I enjoy coordinating good quality care," Doctor Royer said. "This was particularly satisfying because I felt that it was an honor, I saw it as playing a very small role in a part of history."

Dealing with continual changes is one aspect of his career Doctor Royer said he loves the most, a feature that he said can be rewarding for all who choose to become physicians. "I enjoy dealing with issues where we have to change people's behavior, or change the way we're doing things," Doctor Royer said. "I feel strongly that this is an outstanding profession because you have the opportunity to make people feel better. For those who are willing to work hard, it's very rewarding." ■

The author is an Ann Arbor-based freelance writer.

"This was particularly satisfying because I felt that it was an honor, I saw it as playing a very small role in a part of history."

THE NEW STANDARD ISN'T GOLD.



CREDIT LINE UP TO
$100,000

Please mention priority code QVE8 when calling.

MBNA® *Platinum Plus* . . . the only card you'll ever need.

- No Annual Fee
- **5.9%** Fixed Introductory Annual Percentage Rate (APR) for cash advance checks and balance transfers†
- Priority Customer service—24 hours a day
- Credit line increase decisions in 15 minutes or less
- $1 million Travel Accident Insurance*
- Free Year-End Summary of Charges
- MBNA *Platinum Plus* Registry—card and document registry, emergency cash and airline tickets, and more
- Exclusive MBNA *Platinum Plus* fraud and privacy protection
- Free express delivery for card replacement
- Supplemental lost checked luggage protection—up to $3,000

MBNA®
PLATINUM PLUS
the new standard

Call 1-800-523-7666 to Request Yours Today!

† The Annual Percentage Rate (APR) for purchases and ATM and Bank cash advances made with the MBNA *Platinum Plus* card is 15.65%; for the Preferred Card, 16.15%; each APR may vary. The current promotional APR offer for cash advance checks and balance transfers made with either account is 5.9% through your first five statement closing dates, commencing the month after your account is opened. When your minimum monthly payment is not received by the close of the first complete billing cycle following its Payment Due Date, or when the promotional offer expires, whichever occurs first, your APR for both new and outstanding cash advance balances (consisting of cash advance check and balance transfer transactions) will be calculated using the Variable-Rate Information disclosures accompanying your card. The current indexed APR for cash advance checks and balance transfers is 15.65% for the MBNA *Platinum Plus* account, or 16.15% for the Preferred account; each APR may vary. Transaction fee for Bank and ATM cash advances: 2% of each cash advance (minimum $2). Transaction fee for credit card cash advance checks: 1% of each cash advance (minimum $2, maximum $10). Transaction fee for the purchase of wire transfers, money orders, bets, lottery tickets, and casino gaming chips: 2% of each such purchase (minimum $2). Cash advances and balance transfers may not be used to pay off or pay down any MBNA account. MBNA may allocate your monthly payments to your promotional APR balance(s) before your nonpromotional APR balance(s).

* Certain restrictions apply to this benefit and others described in the materials sent soon after your account is opened. Preferred Card Customer benefits differ: Year-End Summary of Charges is not available; maximum Common Carrier Travel Accident Insurance coverage is up to $300,000; and there are additional costs for Registry benefits. MasterCard is a federally registered service mark of MasterCard International Inc., used pursuant to license. MBNA is a federally registered service mark of MBNA America Bank, N.A.

MBNA America Bank, N.A., is the exclusive issuer and administrator of the *Platinum Plus* credit card program.

©1997 MBNA America Bank, N.A. ADG-NACL-5/97 ADG-5-3-97 PLM.HP.BW.NB

TWO MEN AND A TRUCK®
"Movers Who Care"®



WE MAKE HOUSECALLS... OFFICE CALLS TOO.

You're facing a business move.
You're stressed.
It's time to call the movers in the business of moving.
We offer all the support you'll need, including packing and unpacking service and a complete line of professional packing supplies. Many of our franchises even offer overnight service, all to keep your down time to a minimum. From Holland to Pt. Huron, from Marquette to Macomb, we'll make moving your practice painless.
Call us for a free consultation.



TWO MEN AND A TRUCK®
"Movers Who Care"®
www.twomen.com

©1997 TWO MEN AND A TRUCK®, INTL., INC.

For Special Patients... Customized Care

DIPLOMAT PHARMACY

OFFERS

"CUSTOMIZED MEDICATIONS"

We work with physicians in many fields including:

UROLOGY
- penile injectables and tri-mix
- interstitial cystitis treatments
- urethral inserts

ONCOLOGY
- pain management
- hard to find chemo agents
- customized strengths

FERTILITY
- progesterone products (all forms)
- complete fertility supplies for all regiments

HORMONE REPLACEMENT THERAPY
- progesterone, tri estrogen, testosterone and combination products
- oral, sublingual, transdermal

CHRONIC FATIGUE
- co enzyme Q 10
- DHEA - oral and transdermal
- customized vitamin injections

NEUROLOGY AND HEADPAIN
- ergotamine compounds
- customized formulas and combinations
- nasal sprays, sublingual, suppositories (including discontinued and unavailable products)

ALLERGISTS
- specialty compounding for patients allergic to dyes and fillers
- nasal irrigations

DERMATOLOGY
- all formulas and combinations

COMPOUNDING SPECIALIST

DIPLOMAT PHARMACY

CUSTOMIZED MEDICATIONS

G-3426 Flushing Rd. • Flint, MI 48504 • 810-732-8720

TOLL FREE
800-722-8720

FAX 810-732-2580

MAILING SERVICE AVAILABLE FOR PATIENTS THROUGHOUT MICHIGAN

Medical symbols

One snake or two?



By Jeffery M. Jones, MD

The one-snaked staff of Aesculapius, the Greek god of medicine, represents the true symbol of medicine. The two-snaked Caduceus is the magic wand of Hermes, the Greek god of chance and messenger boy of the gods, and is the symbol the public has mistaken for the symbol of medicine. Despite frequent articles in the medical literature, this confusion continues.

The Staff of Aesculapius

Greek mythology tells us that Aesculapius was the son of Apollo and Coronis, a nymph. Apollo had Coronis killed while she was still pregnant with Aesculapius because Coronis had been unfaithful to him. The infant was saved, however, and handed over to the centaur Chiron. Chiron had acquired knowledge of medicine from Apollo and was entrusted with rearing other such heroes as Jason, Hercules and Achilles.

Aesculapius learned well from Chiron and soon surpassed his mentor. One day while tending a patient, a snake coiled around his staff. Aesculapius killed the snake, but another one appeared with a leaf in its mouth and revived the dead serpent. Aesculapius kept the leaf, and with it was even more successful in healing people. This incident probably generated what we consider the true medical symbol –the Aesculapian staff with a single snake.



Staff of Aesculapius

Aesculapius was so successful as a healer that he could even restore people from the dead. This deprived Hades of much needed subjects, so he prevailed upon Zeus to kill Aesculapius with a thunderbolt, which he did. Apollo avenged Aesculapius' death by shooting arrows at the workmen who made the thunderbolts, the Cyclopes. Zeus then punished Apollo by making him work for one year as a servant to a mortal.

Aesculapius had six children. Two sons, Machion and Podaleirios, are mentioned in the *Iliad* as physician-warriors. His two daughters, Hygeia and Panacea, personified health and healing.

There is no doubt, then, that the staff of Aesculapius is the symbol associated with healing and the art of medicine. In 1910, the AMA officially adopted the Staff of Aesculapius as its official insignia and it is the symbol used by MSMS. It is a symbol that represents pride.

The Caduceus

Apollo and Hades also play a part in the development of the Caduceus. Hermes was the messenger of the gods, the god of commerce, the god of robbers, thieves and traitors and also the god who conducted souls to Hades.

Hermes was basically a subtle schemer. When he was only a few hours old, he escaped from his cradle to search for adventure. He invented the lyre, and when he was caught stealing oxen from Apollo, he used it to charm the father of Aesculapius. Apollo let him go, unpunished, and Hermes gave him his lyre. In return, Apollo gave Hermes a magic wand that bestowed wealth and prosperity, turning everything it touched into gold. The snakes were added when Hermes separated them from fighting. In appreciation, the snakes wrapped themselves around the staff. Wings were added as a symbol



Caduceus

of Hermes' speed, and this is the origin of the Caduceus.

In other words, the Caduceus was just the want of a conniving god of thieves who helped folks to Hades, and had nothing to do with medicine, let alone healing.

The incorrect use of the Caduceus probably can be attributed to Sir William Butts, who was the physician to Henry VIII. He and several other physicians, as well as some medical publishers used the Caduceus as an emblem, but mostly the use of medical symbols declines in the 17th and 18th centuries.

The Staff of Aesculapius was first used as the coat of arms of the Medical Department of the U.S. Army in 1818 and by the Medical Corps in 1856. In 1902, though, the Caduceus first started appearing on the lapels of the medical officers in the U.S. Army, and they continue to use them today.

How to deal with the wrong medical symbol

One solution to properly represent medicine is to invent a new medical symbol. Perhaps it should look like the one below. The cap on the snake should have a logo representing commercialization of medicine. The arrows and bandages represent all the slings and arrows the legal profession has thrown at physicians. Most importantly, the broken staff with the snake trying to hold it together represents the doctor-patient relationship that new health care delivery systems are trying to disrupt.

If a new symbol is not possible, then another obvious solution is to widely publicize the true symbol of medicine. That, however, has been done without success, and has necessitated articles like this.

After further consideration, perhaps only physicians should know the difference. If the message to physicians is "use the Staff of Aesculapius and heal thyself," then let the message to all those people involved with the commercialism of medicine be, "use the staff of Hermes, and go to Hades!"

Doctor Jones is a member of the MSMS Board of Directors and is a member of the MSMS Publications Committee.



The new medical symbol



MEDICAL LITIGATION

"Phase three" of lawmaking

The big "Ls"—Litigation and Legislation—have a huge impact on physicians' practices these days. You hardly can speak of one without getting into the other. For, as soon as legislatures pass laws, offended parties file lawsuits, and "the word of the people" is put on hold until the courts can decide how to dispose of the litigation. That is what has happened to the highly important medical liability reforms passed with so much MSMS effort in 1993. MSMS has prevailed so far as the trial lawyers attempt to have the reforms thrown out. But the battles still rage. On other fronts, lawsuits filed over delivery of medical care set precedent, and the outcomes of the cases construct bends and corners in the road along which physicians must travel afterward.

Last month, Michigan Medicine *looked at pending legislation key to Michigan physicians, and provided tips for influencing the course of that legislation. This month, with MSMS legal counsel's help, we describe recent and pending lawsuits, amicus briefs and court decisions, all of which are equally important to this state's physicians.*

Medicine faces battle for reform in legal environment

By Ralph D. Ward

Now we enter "phase three" in the battle for reform of Michigan's legal environment for medicine.

"We went to an enormous amount of work to provide this legislation, but we can't know if the courts will sustain them until they rule, so each element challenged has to be upheld."

Susan Adelman,MD



This third phase of reform may come as a surprise to members who recall the successful efforts of MSMS in recent years to spearhead new physician-friendly laws, particularly the 1993 tort reform package. The membership has been crucial in "phase one" of such legislative efforts, defining the need for reform, providing facts and figures and testifying on how the legal status quo harms both physicians and patients. Physicians are also vital at this stage in raising public awareness on the issues and stakes involved.

MSMS and its members are also familiar with the effort involved in "phase two," the legislative contact and lobbying necessary to draft reforms, shepherd them through the legislature, and make their views known to lawmakers. The payoff of these efforts are new reforms signed into law, reforms members often view as the last word on matters of critical importance to state health care.

Over the past decade, though, political reality has moved the goalposts of health care legal reform a bit further out. Today, what the legislature proposes, a court often disposes. "When we started, there were two phases to this process — decide what laws needed changing, and then get them changed," notes Richard D. Weber, JD, partner in the Detroit law firm of Kerr, Russell & Weber and counsel for MSMS. "But now, there's a third phase — sustain the laws in court."

The stakes involved in major legislation typically trigger court challenges to key provisions of a law, or even particular elements of the law that dissatisfied parties seek to overturn. Between the initial filings and this state appeals process (and, in rare cases, federal appeals), a reform that seemed a "done deal" can be put on hold for years. Worse, the law may be weakened, redirected or even thrown out altogether depending on the judicial process. As a result, MSMS and its members can no longer just "declare victory" once the ink is dry on a new law.

Evidence of this is found in the court challenges now facing Michigan's 1993 malpractice reforms. *McDougall* v *Eliuk* is one of several cases questioning the constitutionality of expert witness qualification standards set by the reforms. Early decisions in this case found the expert witness standards set by the 1986 malpractice reforms unconstitutional, but the appeal seeks to have this decision reversed both on the specific facts of the case, and in light of the 1993 expert witness revisions. *McDougall* v *Eliuk* is currently before the state Supreme Court. The other expert witness cases, *Golden* v *Baghdoian* and *Casadi* v *Sohal*, are pending on application to be heard by the Supreme Court. These cases address specific aspects of the 1993 expert witness reforms.

A second group of appeals court cases once challenged the constitutionality of the malpractice reforms' "182-day notice" provisions. This requires a half year's notice by plaintiffs before filing a malpractice suit to allow time for negotiation and a possible settlement. In a recent victory, the Michigan Court of Appeals held the 182-day notice provision of the malpractice reform legislation constitutional.

A final challenge to the 1993 reforms comes in *Crawney* v *Schoolcraft Memorial Hospital*, a case in the State Court of Appeals. Crawney challenges the affidavit of merit standards set in the 1993 laws, which require that malpractice suits include an affidavit supporting the complaint from a physician in the same specialty area as the defendant. The issue is related to the expert witness question being debated in McDougall above, but has taken a di-

vergent track into whether the legislature can set steps required before filing a lawsuit.

Taken together, these three major themes question the essential foundations of the 1993 malpractice reform laws.

The stakes in these cases are high for Michigan's physicians as a real-world pocketbook issue. "The expert witness cases involve state constitutional issues," warns Weber. "If the law is held to be to any extent unconstitutional, the malpractice problem could rear its ugly head again. That suits are down is directly attributable to this legislation." Reversals of these laws would likely see reversal of this lawsuit trend. The costs of liability coverage would also be certain to climb. The rates insurers charge for coverage are based not only on their actual losses, but on their perceptions of a state's medical liability environment and future cost trends. A crippling of Michigan's malpractice reforms would tell insurance underwriters all they needed to know about which way the state's liability claims are headed.

The course taken by the reform appeals thus far has been trying, but the number of appeals, the arguments used, the timeline, and the general results have gone about as expected. Says Weber, "the act was passed in 1993, became law in 1994, and cases based on it worked their way through the trial courts and into appeals. Right now we're exactly at the stage we've predicted." Still, the risk of major setbacks is always present. Says Peter Duhamel, MD, president of MSMS, "The membership at large was very happy with the tort reforms of 1986 and 1993. The two laws together give us as good a tort environment as any state in the nation. But much of this significant victory could be done away with."

While MSMS members may feel frustrated by this threat that a "done deal" could come undone, the malpractice law challenges offer lessons on how to deal with—and master—the new reality of "phase three."

Assume that there are no easy victories

If there ever was a time when organizations could build a strong grassroots push behind a law and then go home, that era has passed. "The number of issues that the MSMS deals with has tripled in recent years," notes Executive Director William E. Madigan. "And we have to be vigorous on every one." Susan Adelman, MD, who was closely involved in the liability reform efforts, observes that, "We went to an enormous amount of work to provide this legislation, but we can't know if the courts will sustain them until they rule, so each element challenged has to be upheld." Building a coalition with the energy, know-how and commitment (not to mention the funding) to fight such a long-haul, indefinite battle requires realism and tenacity.

Appeals battles become organizational battles

This is one of the reasons that MSMS involvement is proving so vital. Although the plaintiffs in the above cases are often listed as individuals, a key force behind the appeals is the Michigan Trial Lawyers Association (MTLA). "The trial lawyers are on the other side," says Weber. "The arguments are really coming from them." Adds Doctor Adelman, it is "the trial lawyers that have challenged us in quite a few of the cases . . . it's a very powerful lobby." By offering funding, litigation talent and savvy in the appeals process, the MTLA is a strong, committed force with both the talent and motive to overturn liability reforms. Making it easy to file malpractice suits against doctors is a bread-and-butter issue for the trial lawyers, and they will surely not just fade away.

Thus, when facing a powerful organization, you'd better have a pretty good organization of your own. That is why MSMS is backing defendants to uphold the tort reforms. "Whenever MSMS comes in with an amicus filing, it

"The number of issues that the MSMS deals with has tripled in recent years... and we have to be vigorous on every one."

William E. Madigan
MSMS Executive Director



"I think this shows the practical value of what our members' dues go to support."
Doctor Adelman



AJA members interviewing candidates for a Michigan Supreme Court election.

The Alliance for Judicial Accountability

By Donna LaGosh

Since the passage of the medical liability reform laws of 1993, those reforms have been contested constitutionally. After legislation has passed—the question of constitutionality lies with the Michigan Supreme Court. These seven people have tremendous power—they can literally revise the intent of the law! **This is the body that has the "final say" on our medical liability reforms of 1993.**

Therefore, it is important that the citizens of Michigan—physicians and patients alike—are educated about their choices in electing Supreme Court Justices. This is where the Alliance for Judicial Accountability (AJA) is vital.

The AJA, created in 1994 and spearheaded by MSMS, is an education and research organization comprised of trade, business and professional associations with a stake in the outcome of the medical liability law. It conducts research and executes communication strategies to educate trade association members, their employees, the public and the news media about the importance of the Michigan Supreme Court elections.

Why is the AJA important?

The AJA was the first organization in Michigan to examine judicial accountability. The

shows we're doing our homework, and that a heavyweight has gotten involved," observes Madigan. "Our involvement carries a definite weight with the appellate courts." The filings, research, monitoring and contact needed to keep momentum going through a trying appeal process demands the staying power of a statewide physicians' group. "I think this shows the practical value of what our members' dues go to support," adds Doctor Adelman. "It takes enormous amounts of resources and staff time to follow through, but we select cases that justify the expenses — these are matters that affect all members."

Ongoing member activity is important, but with a new twist

MSMS members will recall how vital individual member efforts were to passing the 1993 reforms. Along with the society's formal lobbying program, members pressed home individual contacts with legislators to keep reforms moving through the house and senate, and were important in raising public awareness of liability issues in their local communities. However, this grassroots lobbying is of little use once an issue disappears into the closeted world of the judicial system. Our Appeals and Supreme courts are valued precisely because they are immune to such public pressure.

"If there's a message in this for members, it's that Supreme Court elections have an effect."

Richard D. Weber, JD



AJA cannot lobby—it is strictly an educational source to inform its association members and others about the candidates. Through the AJA, MSMS and the other member organizations interview candidates and examine their past voting records.

The AJA looks for judicially conservative candidates—those who stick by the law, upholding it as "the voice of the people."

It is crucial for physicians to become informed about the candidates for the Michigan Supreme Court, so that the hard-fought victory of medical liability reform stands firm.

In the 1998 election year, focusing on Supreme Court elections will continue to be a priority of MSMS. MSMS is also looking at ways to provide information to its members about the Court of Appeals races as well. Increasingly, this level of the judicial system is overturning favorable decisions by the lower courts related to medical and business liability.

For more information regarding Michigan's Supreme Court races, please contact Donna LaGosh at MSMS at (517) 336-5788; or e-mail her at dlagosh@msms.org/

The author is chief of Political Affairs at MSMS.

"Some [plaintiffs] may think they're just taking on the physicians, but they're really taking away health care resources from the patient . . . the public."

William E. Madigan
MSMS Executive Director

Rather than give up, though, MSMS membership must realize that they can still have an effect on "phase three" issues. However, their influence must start before cases even come to court, by using their voter's power to effect who will sit on those courts. MSMS has been active in recent state Supreme Court races, vetting prospects for the bench by their rulings on "physician friendly" issues and offering support to the campaigns of suitable candidates. "If there's a message in this for members, it's that Supreme Court elections have an effect," says Weber. Membership should pay closer attention to how judicial candidates rank on issues vital to health care issues, and vote accordingly.

Success in phase three of lawmaking demands an ongoing, national structure

The coalitions and issues that successfully pass pro-physician laws tend to be ad hoc, both rising and waning on an issue-to-issue basis. Also, they tend to stay localized. A physician issue can arise in one state, generating a swell of good effort, tactics and results, but when the same issue flares up later in another state, the local medical society must too often "reinvent the wheel." What if a national network were created to monitor health care legislation, and pool legal tactics and strategies?

What to do if you've been told you'll be sued

By Joanne Geha Swanson, JD

Surprise suits are a thing of the past in Michigan. Before a physician can be sued for medical malpractice in this state, the potential defendant must be given written "notice" of plaintiff's intent to sue at least 182 days before the action is commenced. The notice must specify the factual and legal basis for the claim, including the applicable standard of care, the manner in which it is alleged to have been breached and the injuries proximately caused by the breach.

Because the notice is often in letter format and sometimes delivered by regular mail, the significance of the document may go unrecognized. However, neglecting or denying its importance is a mistake. A "notice of intent" (NOI) is deserving of the same attention one would give to the receipt of a formal summons by a process server. Valuable time and strategic opportunities could otherwise be lost.

The NOI requirement was designed to promote settlement and the resolution of meritorious claims without litigation. However, the 182-day period that follows receipt of an NOI also gives potential defendants the same opportunity for pre-filing investigation and preparation previously available only to plaintiffs. Therefore, if you receive an NOI, or if the plaintiff has ignored the NOI requirement and directly sued, heed the following:

- Immediately notify your professional malpractice insurance carrier and forward a copy

Just such a structure has been formed as the AMA/State Medical Society Litigation Center. Formed in 1995, the Center currently includes the medical societies of 38 states. MSMS Executive Director William E. Madigan has been active in the Center for some time, serving as its founding chair for two years, and sees such a network offering enormous benefits. "The Litigation Center is a coalition of state medical societies and the AMA to keep an eye on legislation going on in the states. We have an outstanding array of people from around the country, monitoring issues like ERISA, due process for physicians and physician rights under contract law. Prior to a couple of years ago, no one group in organized medicine was keeping an analytical eye on these issues, but now we're on alert." Other cases being pursued by the Center include physician managed care de-selection standards and a variety of Medicaid payment shortfall issues.

One result of the litigation center is a nationwide *amicus curiae* bank. Such filings allow a state medical society to jump into the fray of an appeals case on the side of physicians, but they demand a good amount of time and money to prepare. With litigation center members pooling their amicus filings, societies in other states can often pick up much of the same wording and precedent. "If we have to write a brief, we can often draw on this bank by topic," notes Madigan. On truly national health care issues, those that go before federal courts, the Litigation Center also allows state physician groups

of the NOI/Complaint. Copy your personal attorney—if you have one—on the letter.

- Do not add to, alter or destroy the patient's medical records in any way.
- Do not talk to or correspond with the plaintiff's attorney, his or her agents, the hospital's attorney or other such individuals about the case. Don't discuss it with the patient either. The likelihood of dissuading plaintiff or plaintiff's counsel from his or her intended course is practically nil. Further, conversations with other persons are not privileged. What you say can be repeated. Inadvertent admissions can be entered into evidence at trial and may be especially harmful to your defense.
- Do not prepare a statement, summary, response to the notice or any other writing about the case unless and until you receive direction from your malpractice carrier and/or assigned counsel. Any such writing that turns out to be inconsistent with the patient's chart and/or the intended medical defense may be difficult to explain and can be damaging to your position.
- Retain legal pleadings, correspondence with counsel and communications with your insurance carrier in a separate file. Do not place copies of these documents in the patient's chart. Doing so risks disclosure, either inadvertently or otherwise.
- If you receive a request for medical records with an appropriate patient release, copy the chart in its entirety. A reasonable copying charge may be requested.
- If a request for records, unaccompanied by an NOI or formal complaint, leads you to believe that a malpractice claim may be under consideration, notify your malpractice insurance carrier immediately.

The author is a partner with Kerr, Russell & Weber, Detroit.



Governor John Engler signs the 1993 medical liability reforms as MSMS members gather to witness this event. (left to right) W. Peter McCabe, MD, MSMS past-president; Gilbert B. Bluhm, MD, MSMS past-president; Richard D. Weber, JD, MSMS legal council; Thomas C. Payne, MD, MSMS past-president; Thomas E. Stone, MD, chair, Professional Liability Committee.

to shop decisions around to federal districts that have proven friendlier on a specific issue. "For example, certain circuits, like the Sixth Circuit in Cincinnati, might be more willing to listen to arguments that are pro-physician," observes Madigan.

The outcome of Michigan's cases will remain uncertain for some time, but it appears that efforts to master the "phase three" of lawmaking are off to a good start, beginning with sound motives. "The pro-physician/pro-patient view is doing very well in the courts so far," notes Madigan. "Some [plaintiffs] may think they're just taking on the physicians, but they're really taking away health care resources from the patient . . . the public." ■

The author is a Riverdale-based freelance writer.

Calling Delegates and Representatives to the MSMS Sections for Young Physicians, International Medical Graduates, and Organized Medical Staffs

Make plans now to attend the seventh annual

MICHIGAN STATE MEDICAL SOCIETY

Joint Section Meeting

March 6 - 7, 1998
Dearborn Inn, Dearborn*

featuring keynote speakers:



Thomas R. Reardon, MD
Chair, AMA Board of Trustees



Craig Ruff
President, Public Sector Consultants

Celebrating the 10th anniversaries of the Young Physicians and International Medical Graduates Sections

$50 Registration fee
For details on registration and hotel reservations, please call
• Deborah Zannoth (YPS) • Sherry Barnhart (IMGS)
• F. B. "Tom" Plasman (OMSS) at MSMS headquarters
517/337-1351; or fax requests to 517/337-2490;
or e-mail dzannoth, sbarnhart or tplasman@msms.org

*A discount sleeping room rate is available at 313/271-2700

Michigan Clinic for TMJ/Facial Pain

Management of Temporomandibular Disorders Chronic Facial Pain, and Snoring Relief

- Conservative, Non-Surgical Management for the Jaw Joint Diseases (TMJ).
- Management for Headaches Related to TMJ.
- Management for Chronic Orofacial Pain.
- Management for Snoring With The Use of Oral Appliance(s).

At The Michigan Clinic for TMJ And Facial Pain We Utilize:

- The Most Advanced Computerized Tomography Imaging.
- Computerized Study to Detect Jaw Joint Sounds.
- We Participate With Various Insurance Plans.

Ghabi A. Kaspo, DDS

Diplomate, American Academy
Of Orafacial Pain
American Pain Society
American Association For the
Study of Headache
Michigan Sleep Disorders Association

Michigan Clinic for TMJ/Facial Pain

2959 Crooks Road, Suite 7
Troy, MI 48084
Office (248) 649-6610 Fax (248) 649-1605

MPMC

MICHIGAN PAIN MANAGEMENT CONSULTANTS, P.C.

SPECIALIZING IN SPINAL CORD STIMULATION, IMPLANTABLE INFUSION SYSTEMS, AND FIBEROPTIC MYELOSCOPY

Consultants in Acute, Chronic and Cancer Pain Management, Spinal Cord Stimulation, Implantable Infusion Systems, and Fiberoptic Myeloscopy.

Patients may be scheduled for the evaluation and treatment of chronic benign and cancer pain management Monday through Friday, 8:00 a.m. to 4:00 p.m. at:

Providence Hospital Pain Control Center
22301 Foster Winter Drive
Second Floor
Southfield, Michigan 48075
Office (810) 424-3186 • Fax (810) 424-3460

Dennis W. Dobritt, D.O., D.A.B.P.M.
Chief, Pain Medicine
Director, Pain Control Center
Providence Hospital and Medical Centers

Jeffrey J. Kimpson, M.D., D.A.A.P.M.
Assistant Director, Providence Pain Control Center
Medical Director, Acute and Cancer Pain Management

Riad G. Khoury, M.D.
Added Qualifications in Pain Management,
American Board of Anesthesiology
Diplomate, American Academy of Pain Management

John H. Traylor, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Jeffrey J. Kirouac, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Dominick Lago, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Affiliated with Northland Anesthesia Associates, P.C.

Michigan Senator Dan L. Degrow

Working with physicians to bring about change

By Karen Bouffard

Senator Dan L. DeGrow (R-Port Huron) remembers when physicians weren't as involved in the legislative process as they are today. That was before the medical liability crisis of the 1980s when Michigan couldn't retain its own medical school graduates, "because we were so out of whack with the rest of the country," Senator DeGrow said.

"I spent a lot of time on the malpractice issue beginning in the early '80s," said Senator DeGrow, who was honored with an MSMS Presidential Citation for his outstanding efforts on behalf of the medical community. In addition, the Michigan Council for Maternal and Child Health named him Legislator of the Year in 1994.

"My area is Port Huron, St. Clair, Lapeer, and Sanilac County. Sanilac is a rural county, and it was difficult to get physicians to come and deliver babies because of the liability crisis. This is something I worked on for eight or ten years."

According to Senator DeGrow, it was this crisis that awakened many physicians to the realities of politics.

"One of the problems is that physicians' training is not advocacy training," he said. "During the liability crisis they realized they had to get involved in legislation–or else rules get made and they're not involved in the process. Physicians are a lot more active today than they were ten years ago."

Senator DeGrow was first elected to his seat in 1982. He served one term in the Michigan House of Representatives from 1980-82. As Senate Majority Floor Leader, Senator DeGrow is the second most powerful Senator at the Michigan Capitol. In this role, he is responsible for setting the Senate's legislative agenda and coordinating all of the action in the Senate Chamber.

Senator DeGrow also is a member of the Senate Appropriations Committee. He heads budget subcommittees on General Government and K-12 education, and is a member of the Appropriations Subcommittees for Community Colleges, Capitol Outlay and Transportation. He is a member of the Michigan Legislative Council and the Michigan Capitol Committee.

A 1971 graduate of Port Huron Northern High School, DeGrow attended St. Clair Community College where he was named "Scholar Athlete of the Year" in 1973. In 1975, he graduated Phi Beta Kappa from Michigan State University. He went on to receive his Juris Doctorate from Wayne State University in 1978. Since 1979, he has been a partner in the Port Huron law firm of Fletcher and DeGrow.



Senator DeGrow's attention is now focused on managed care issues, and the question of whether non-profit hospitals can be sold to for-profit organizations, he said. "I have a good relationship with the physicians in my district," Senator DeGrow said. "I have their confidence that most of the things they believe in are things I believe in. Over time, physicians have realized that I'm someone they're comfortable working with in the legislative process."

He adds, "The medical profession is changing and it will continue to evolve. To make sure the changes are positive, they [physicians] need to be involved. They can't just stand by and hope it works out for the best." ■

The author is a Williamston-based freelance writer.



THE
MEDICAL PROTECTIVE COMPANY ®

Professional Protection Exclusively since 1899

To reach your local office, call 800-344-1899.

GOLD CORPORATE AFFILIATE
MGMA
FOUNDED 1926
PROGRAM UNDERWRITER

ONCOLOGIST, URGENT CARE, ENT, DERMATOLOGIST

There are immediate openings at Brainerd Medical Center for the following specialties: Oncology, Urgent Care, Ear, Nose and Throat, and Dermatology.

Brainerd Medical Center, P.A.

- 36 Physician independent multi-specialty group
- Located in a primary service area of 40,000 people
- Almost 100% fee-for-service
- Excellent fringe benefits
- Competitive compensation
- Exceptional services available at 162 bed local hospital, St. Joseph's Medical Center

Brainerd, Minnesota

- Surrounded by the premier lakes of Minnesota
- Located in central Minnesota less than 2.5 hours from the Twin Cities, Duluth and Fargo
- Large, very progressive school district
- Great community for families

BMC

Call collect to Administrator:
Curt Nielsen
(218) 828-7105
or (218) 829-4901
2024 South 6th Street
Brainerd, MN 56401

Brainerd Medical Center, P.A.

Let your search for a reliable, high quality Locum Tenens Company...



Lead you to

DAVIS SMITH
SINCE 1946

Davis-Smith has been a leader in healthcare staffing in the Midwest since 1946. Put our 51 years of experience to work for you. We offer high quality physician coverage at an affordable price. We are a family owned and operated company dedicated to exceeding your expectations. We cover all specialties and provide the best occurrence malpractice insurance.

(800) 541-4672 or (810) 354-4100

PROGRAM IN INTEGRATIVE MANAGEMENT

THE WEEKEND MBA



Randy Hicks, M.D., V.P. and Owner, Regional Medical Imaging
Geoffrey Linz, M.D., Medical Dir., Mid-State Health Network & Mid-State Physicians
Herbert Weisenthal, D.D., Owner, Weisenthal Diagnostics
Class of 1997

The MBA for healthcare professionals who are serious about wanting to make a difference.

- **A program for working managers** on 35 Friday evenings and Saturdays at MSU's East Lansing campus.
- **Focus areas** in cross-functional management or healthcare management.
- **Innovative curriculum:** short modules, team-based, interdisciplinary.
- **Emphasis on integrating courses with applications in your workplace.**
- Does not require prior college business courses.

Applications being accepted now for July 1998.

Call to register for a November Information Session near you.

For more information:
Phone: **1-800-PIM-MSU-1** (1-800-746-6781)
or **1-517-355-7603**
E-mail: **pim@pilot.msu.edu**
www.bus.msu.edu/pim

BROAD COLLEGE OF BUSINESS
MICHIGAN STATE UNIVERSITY

Michigan's medical "family" enjoys a reunion in Dallas

These photos were taken at the Michigan Delegation Reception at the AMA Interim meeting in Dallas, December 4-10, 1997.



(left to right) Michigan Residents Charles Boyd, MD; Julie Lester, MSMS staff to the Michigan Resident Section, Dheeraj Rajan, MD and Derek Jones, MD pose during the Saturday night reception.



Dexter Shurney, MD, Blue Cross Blue Shield of Michigan and Tama D. Abel, MD, Washtenaw County President-Elect and AMA Delegate meet during the reception, hosted by BCBSM.



(left to right) Cecil R. Jonas, MD, MSMS Board of Directors and AMA Delegate; Partha Nandi, MD, MSMS-RPS Delegate and Joan Jonas, MSMS Alliance member share a few moments after the AMA work-weekend.



(left to right) Pino D. Colone, MD, MSMS Young Physician Chair and AMA Delegate; Dorothy Kahkonen, MD, MSMS Speaker of the House and AMA Alternate Delegate and B. David Wilson, MD, MSMS Past-President and AMA Delegate pose for a quick picture during the reception.


LTC
means
TLC
Long Term Care
coming soon as a new
member benefit
S&W
Stratton, Cheeseman & Walsh, Inc.
The Physician's Insurance Agency
517-351-5780 or 1-800-968-4929
Stratton, Cheeseman & Walsh is
the endorsed insurance agency of
the Michigan State Medical Society

Michigan Psychoanalytic Society's 23rd Annual Symposium

HOPE AND COURAGE IN PSYCHOANALYSIS AND PSYCHOTHERAPY

Arnold Modell, MD, Massachusetts
and
Bennett Simon, MD, Massachusetts
guest speakers
with
Marvin Margolis, MD, PhD, Moderator

Saturday, March 28, 1998
9:00 a.m. to 4:00 p.m.

Novi Hilton Hotel, Novi, Michigan

Fees: Before March 1, 1997 ..... $100 Student $25
After March 1, 1997 ..... $105 Student $30

Plus specialized workshops on hope and courage in the treatment of the seriously ill, traumatized children, losses of loved ones, therapeutic impasses, victims of abuse, victims of armed violence, etc.

For further information call the Michigan Psychoanalytic Center at (248) 851-3380.

ST JOHN Health System

Continuing Medical Education Seminar

March 4, 1998

St. John Hospital and Medical Center

22101 Moross Road
Detroit, MI
48236-2172

For More Information Contact:
Continuing Medical Education
(313) 343-3877

"BREAST CANCER UPDATE"

Mark Alan Gittleman, MD - Clinical Assistant Professor of Surgery, College of Medicine, Pennsylvania State College, Lehigh Valley Hospital Center, Allentown, Pennsylvania
Topic: "Breast Ultrasound"

Sofia Merajver, MD, Ph.D. - Assistant Professor of Internal Medicine, Director. Breast and Ovarian Cancer Risk Evaluation Program, University of Michigan Medical School, Ann Arbor, Michigan.
Topic: "Breast Cancer Genetics"

Helen A. Pass, MD - Assistant Professor of Surgery, Division of Surgical Oncology, University of Michigan Medical School, Ann Arbor, Michigan.
Topic: "Sentinel Node Biopsy in Breast Cancer"

Vic Velanovich, MD - Staff Surgeon, Henry Ford Hospital, Detroit, Michigan.
Topic: "The ABBI Experience"

Tara Washington, MD - Assistant Professor, Department of Radiation Oncology, Wayne State University, Detroit, Michigan. Clinical Chief of Radiation Oncology, North Oakland Medical Center, Pontiac, Michigan.
Topic: "Treatment of Radiation Oncology"

Erich Whitacre, MD - Vice President, The Surgery Center Howland LTD., Warren, Ohio.
Topic: "Epidemiology of Breast Cancer"

St. John Hospital and Medical Center, an organization accredited by the MSMS Committee on Continuing Medical Education Accreditation, certifies that this activity meets the criteria for a maximum of five (5.0) credit hours in Category 1 toward the requirements for Michigan relicensure and of the Physician's Recognition Award of the AMA provided it is completed as designed.

This program has been submitted to the American Academy of Family Physicians for five (5.0) prescribed hours of Family Practice credit.

The ACCME is approved by the Board of Nursing as an acceptable provider of continuing education for license renewal or relicensure.

NEWSMAKERS

Thomas C. Peebles, MD, recently has been appointed director of Pathology/Laboratory Medicine at St. Mary Hospital in Livonia. He was previously an attending pathologist at William Beaumont Hospital. Doctor Peebles earned his medical degree at the University of Franche-Comte in Besancon, France and completed his residency at St. Lukes Hospital in Milwaukee, WI.

Sukamal Saha, MD, a surgical oncologist from McLaren Regional Medical Center has pioneered a diagnostic surgical technique that could save the lives of many colo-rectal cancer patients. Doctor Saha's new procedure traces tumor drainage patterns using a blue dye during surgery to more accurately determine the micro-metastasis in patients with colo-rectal cancer. This leads to more accurate "staging" of the disease, and can initiate more exact chemotherapy following surgery. He has been invited to present his research at the First Meeting of the World Federation Society of Surgical Oncology to be held in March of 1998 in San Diego. He presented his findings at the Annual Conference of the American College of Surgeons in October 1997 in Chicago and his research has been accepted for publication by the College.



John M. Flack, MD, MPH, recently was appointed associate chair of the department of Internal Medicine for the Detroit Medical Center. He also serves as director of cardiovascular epidemiology and clinical applications at the Wayne State University School of Medicine. In addition, Doctor Flack is head of the General Internal Medicine division, as well as a professor in the Internal Medicine and Community Medicine.

Henry J. Barsch, MD, FACS, recently was awarded the Michigan Hospital Association (MHA) Physician Leadership Award, which recognizes physicians whose overall leadership and contributions to health care and/or community contributions have proved exceptional. Doctor Barsch, formerly a urologist from Marquette General Hospital (MGH) and a member of the MGH Board of Trustees, was among the first to recognize the needs of the Upper Peninsula's rural, underserved region and that the "community" to be served by specialists in Marquette should not be limited to the immediate area. His diligent pursuit of a single medical information source to serve the region's patients culminated in June 1997 in Peninsula Infomed, LLC. This system allows secure computer access to a master patient index, and is expected to connect more than 250 physicians with Upper Peninsula residents by the end of 1997.



Charles A. Schiffer, MD, recently was appointed director of Clinical Research at the Barbara Ann Karmanos Cancer Institute. He also has been named chief of the Division of Hematology and Oncology and will serve as a professor of medicine at the Wayne State University School of Medicine. Doctor Schiffer has previously chaired the Food and Drug Administration's Oncologic Drug Advisory Committee.

Michael H. Wood, MD, chief of surgery at Detroit Riverview Hospital (DRH), recently received the Michigan Hospital Association (MHA) Physician Leadership Award—recognizing him as a physician whose overall leadership and contributions to health care and/or community have proved exceptional. Doctor Wood has played a significant role in recruiting physicians to DRH and in medical staff relations during the acquisition of Detroit Osteopathic Hospital. He also has been involved in a variety of community projects—his "greatest achievement" being the establishment of the Believers in Achievement through New Knowledge, Education, Responsibility and Scholarship (BANKERS) program. This volunteer mentoring program for 3rd and 6th grade students aims to increase math and reading skills, improve scores on standard achievement tests and report cards, decrease truancy and improve self-esteem.



OBITUARIES

William A. Bow, MD, died on September 2, 1997. He was 66. Doctor Bow graduated from the University of Michigan Medical School in 1957, and was a pediatrician in Saginaw. He was a member of the Saginaw County Medical Society and MSMS.

Michael Grant, MD, died on September 3, 1997. He was 57. Doctor Grant graduated from the National University of Ireland Facility of Medicine in 1965. He was a general practitioner and emergency medicine physician in Mt. Charles. Doctor Grant was a member of the Saginaw County Medical Society and MSMS.

Donnell C. Howe, MD, died on August 6, 1997. He was 87. Doctor Howe, formerly of Chippewa/Mackinac County, resided in Weston Massachusetts. He graduated from the Northwestern University School of Medicine and practiced general surgery. Doctor Howe wa a member of the Chippewa/Mackinac County Medical Society, the Michigan Chapter of the American College of Surgeons and MSMS.

Geetha V. John, MD, died on July 23, 1997. She was 55. Doctor John, a Southfield pediatrician, graduated from the University of Cologne in Germany in 1968. She was a member of the AMA, Wayne County Medical Society, American Epilepsy Society and MSMS.

William H. Johnston, MD, died on September 3, 1997. He was 84. Doctor Johnston graduated from Indiana University School of Medicine in 1939. He later practiced ophthalmology in St. Joseph. Doctor Johnston was a member of the Berrien County Medical Society, AMA and MSMS.

Orhan Kilic, MD, died on April 22, 1997. He was 69. Doctor Kilic graduated from the University of Istanbul School of Medicine, in Turkey, in 1951. He practiced pediatrics in Niles, and also served as a Lieutenant in the Turkish Army. Doctor Kilic was a member of the Berrien County Medical Society, a Fellow of the American Academy of Pediatrics and MSMS.

Avni D. Ozkan, MD, died on June 4, 1997. He was 69. Doctor Ozkan, a Grand Rapids psychiatrist, graduated from the University of Ankara Medical School, in Turkey in 1954. Doctor Ozkan was a member of the AMA, the Kent County Medical Society and MSMS.

Wayne R. Scott, MD, died on September 29, 1997. He was 61. Doctor Scott, a Shelby Township obstetrician and gynecologist, graduated from Wayne State University School of Medicine in 1962. He was a member of the Macomb County Medical Society, MDPAC and MSMS.

Glenn L. Smith, MD, died on September 18, 1997. He was 87. Doctor Smith graduated from the University of Michigan Medical School in 1938, and later was a general practitioner in Imlay City. He was a member of the Lapeer County Medical Society, AMA and MSMS.

William B. Taylor, MD, died on April 26, 1997. He was 86. Doctor Taylor, an Ann Arbor dermatopathologist, graduated from the University of Michigan Medical School in 1935. He was a member of the Washtenaw County Medical Society, AMA, MDPAC and MSMS.

Jose V. Valdez, MD, died on August 25, 1997. He was 71. Doctor Valdez graduated from the University of Santo Tomas—Philippines in 1953. Later he practiced anatomical/clinical pathology and general surgery in Trenton. Doctor Valdez was a member of the Wayne County Medical Society and MSMS.

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

NEW MEMBERS

Munther Alaiwat, MD, *Southgate*
Nazem Alhusein, MD, *Dearborn*
Nasir Ali, MD, *East Lansing*
Alit J. Amit, *Oak Park*
Soliman Behairy, MD, *Ludington*
Enrico D. Braucher, MD, *Ironwood*
Peter J. Bridges, MD, *St Joseph*
Thomas Carli, MD, *Ann Arbor*
Subbarao Chavali, MD, *Midland*
David E. Collins, MD, *Eau Claire*
Cynthia A. Corpron, MD, *Ann Arbor*
Cem S. Demirci, MD, *Fenton*
Jill Dorsey, *West Bloomfield*
Kevin G. Drew, MD, *Niles*
Nicholas Dutcheshen, *Haslett*
Helen Etemadi, DO, *Trenton*
Mohamad G. Fakih, MD, *West Branch*
Miguel Gonzalez, *Lansing*
Robert D. Graham, MD, *Kalamazoo*
Danny D. Greig, MD, *Midland*
Samuel L. Grossman, DO, *Battle Creek*
Himanshu Gupta, MD, *Detroit*
Wayne G. Hanson, MD, *Adrian*
Nafees Hasnie, MD, *Marlette*
Todd M. Hertzberg, MD, *Ann Arbor*
A. Craig Hillemeier, MD, *Ann Arbor*
Scott D. Holley, MD, *Battle Creek*
Susan J. Hulsemann, MD, Monroe
Shawn Jones, MD, *East Lansing*
Andris Kazmers, MD, *Birmingham*
Asif Kazmi, MD, *Flint*
Beth C. Kimball, MD, *Ypsilanti*
Suchetha Kinhal, MD, *Grosse Pointe Shores*
Barbara A. Knop, MD, *Trenton*
Andrea C. B. Kort, *Lansing*
Timothy J. Lach, MD, *Grand Blanc*
James L. Landi, MD, *Ypsilanti*
Paul K. Lim, MD, *Stevensville*
Edwin B. Marinas, MD, *Okemos*
Marvin L. McIntosh, MD, *DeWitt*
Yvette M. Miller, MD, *Lansing*
Daniel R. Mitchell, MD, *Stevensville*
George Mohamedally, DO, *Otisville*
John M. Nassif, MD, *Battle Creek*
Heidi Nicholas, *Auburn Hills*
Genghis N. Portillo, MD, *Detroit*
Christopher A. Prince, MD, *Stevensville*
Andrew L. Pruitt, MD, *Ypsilanti*
Mohamad H. Raslan, MD, *Ypsilanti*
Fernando M. Romero, MD, *Adrian*
Matt T. Rosenberg, MD, *Jackson*
Rami R. Safadi, MD, *Midland*
James A. Schafer, MD, *Okemos*
R. Taylor Scott, DO, *Williamston*
Leon E. Sherburn, DO, *Dowagiac*
Michael Sheth, MD, *Jackson*
Paul T. Sicola, DO, *Ann Arbor*
Anju Sikand, MD, *Detroit*
Virenda Singh, MD, *Southgate*
Donald J. Siwek, MD, *Lansing*
Eric P. Skye, MD, *Ann Arbor*
Stephanie Somers, MD, *Portage*
Warren E. Southall, MD, *Flint*
Deidre K. Spicer, MD, *Ann Arbor*
Mary C. Spires, MD, *Ann Arbor*
Mario Toledo-Couret, MD, *West Branch*
Elizabeth A. Tree-Le Vasseur, MD, *Whitehall*
Janine K. VanNoord, *Detroit*
John T. Weaver, DO, *Gaylord*
Susan Weinman, MD, *Ann Arbor*
John Wellman, MD, *Escanaba*
Jeff Wentzloff, *East Lansing*
Laura A. Williams, MD, *Kalamazoo*
Roy Winslow, MD, *Stevensville*
Kirk J. Wojno, MD, *Ann Arbor*
Donna M. Woods, MD, *Ann Arbor*
Bernadine Wu, MD, *Grosse Pte*
Patrick Zietz, *East Lansing*
Matthew Zimmie, *East Lansing*



"I want to live."

Ashley has cancer. It sounds like such a grown-up disease. But each year, more than 6,000 American children will be stricken with cancer.

Ashley, and thousands of others like her, will have a chance to beat cancer because of the life-saving research and treatments developed at St. Jude Children's Research Hospital.

To find out more, write to:
St. Jude Hospital
P.O. Box 3704
Memphis, TN 38103
or call **1-800-877-5833.**

ST. JUDE CHILDREN'S RESEARCH HOSPITAL
Danny Thomas, Founder

DISCIPLINARY ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate actions and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Phillipa L. Zylanoff, MD, 17311 Beechwood, Birmigham, MI 48025
Action, Date Taken: License Summarily Suspended—10-11-97
Reason: Mental/Physical Inability to Practice

Name: Bruce E. West, MD, 28095 Danvers Dr., Farmington Hills, MI 48334
Action, Date Taken: Reprimand, Fine—$1,000.00—Probation, 2 years.—9-25-97
Reason: Failure to Meet Continuing Education Requirements

Name: Albert J. Macksood, MD, 5020 W. Bristol Rd., Flint, MI 48507
Action, Date Taken: Reprimand, Fine—$1,000.00, Probation, 2 years.—9-25-97
Reason: Failure to Meet Continuing Education Requirements

Name: James A. Bennett, MD, 44450 Davis, Utica, MI 48317
Action, Date Taken: Reprimand, Fine—$1,000.00, Probation, 2 years.—9-22-97
Reason: Failure to Meet Continuing Education Requirements

Name: Richard H. Goldfine, MD, 29425 Northwestern Hwy., Suite 125, Southfield, MI 48034
Action, Date Taken: Reprimand, Fine—$1,000.00, Probation, 2 years.—9-23-97
Reason: Failure to Meet Continuing Education Requirements

Name: Douglas G. Hames, MD, 22850 Kelly Road, Eastpoint, MI 48021
Action, Date Taken: Reprimand, Fine—$1,000.00, Probation, 2 years.—9-30-97
Reason: Failure to Meet Continuing Education Requirements

Name: Ratnakar Kini, MD, 5690 Forman Drive, Bloomfield Hills, MI 48301
Action, Date Taken: Voluntary Surrender of License—5-21-97
Reason: **CORRECTION**—Physical Inability to Practice

Name: Isabel B. Holland-Davis, MD, 5793 W. Maple Rd., Ste.153, West Bloomfield, MI 48322
Action, Date Taken: Reprimand, Fine—$1,000.00, Probation, 2 years.—10-09-97
Reason: Failure to Meet Continuing Education Requirements

Name: Christine A. Johnson, DO, 6767 W. Outer Drive, Detroit, MI 48235
Action, Date Taken: License Summarily Suspended—11-03-97
Reason: Mental/Physical Inability to Practice

Name: Joseph E. Oesterling, MD, 1500 E. Medical Center Dr., Ann Arbor, MI 48109
Action, Date Taken: License Suspended—120 days, Upon reinstatement, probation—2 years, Fine—$5,000.00
Reason: Criminal Conviction

Name: Ali Hadi Sawaf, MD, Doctors Park, Escanaba, MI 49829
Action, Date Taken: Summary Suspension—Dissolved—11-05-97

Name: Donovan H. Givens, Jr., MD, 23611 Long Point Way, Novi, MI 48375
Action, Date Taken: Reprimand, Fine—$1,000.00, Probation, 2 years.—10-10-97
Reason: Failure to Meet Continuing Education Requirements

Name: Hugh W. Rollocks, MD, 1955 Balmoral Drive, Detroit, MI 48203
Action, Date Taken: Reprimand, Fine—$1,000.00, Probation, 2 years.—10-09-97
Reason: Failure to Meet Continuing Education Requirements

EDUCATIONAL OPPORTUNITIES

Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I credits toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least four hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

MARCH

1-4, National Comprehensive Cancer Network (NCCN) Third Annual Conference, "Practice Guidelines and Outcomes Data in Oncology." Location: Marriott Harbor Beach Hotel, Fort Lauderdale, FL **Contact:** NCCN Conference, c/o PRR Inc., (516) 424-8900 ex. 300. **Approved for:** TBA.

1-5, Radiology in the Desert: Practical Aspects of Radiology and Imaging. Location: Marriott's Camelback Inn Resort, Golf Club & Spa, Scottsdale, AZ. **Contact:** Joyce Robertson, Towsley Center for Continuing Medical Education, Department of Medical Education Professions, PO Box 1157, Ann Arbor, MI 48106-1157; (313) 763-1400. **Approved for:** 22.5 Category 1 credits.

4-7, 19th Annual Advances in the Management of Infectious Diseases: Winter Update. Location: South Seas Plantation, Captiva Island, FL. **Contact:** Joyce Robertson, Towsley Center for Continuing Medical Education, Department of Medical Education Professions, PO Box 1157, Ann Arbor, MI 48106-1157; (313) 763-1400. **Approved for:** TBA.

5-7, Managing Respiratory Diseases. Location: Frenchman's Reef, St. Thomas, USVI. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

8-13, Emergencies in Medicine. Location: The Yarrow, Park City, Utah. Contact: Robert F. Wilson, MD, FACS, Department of Surgery, Detroit Receiving Hospital, 4201 St. Antoine, Detroit, MI 48201, (313) 745-3487. **Approved for:** 25 Category 1 credits.

9-13, Selected Topics in Internal Medicine. Location: Maui Prince Resort, Maui, Hawaii. **Contact:** Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 First St. S.W., Rochester, MN 55905; (800) 323-2688; of Fax (507) 284-0532. **Approved for:** 25 Category 1 credits. **Registration fee:** TBA

9-13, American College of Cardiology—Cardiology at Cancun 1998. Location: The Westin Regina Cancun, Cancun, Mexico. **Contact:** For application call (800) 253-4636, ext. 695; or mail application and payment to American College of Cardiology, Attn: EP, PO Box 79231, Baltimore, MD 21279-0231. **Approved for:** 26 Category 1 credits. **Registration Fee:** varies.

13-15, Clinical Endocrinology for Primary Care Physicians. Location: Doubletree Hotel, Palm Springs, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

19-21, Coronary Heart Disease Update. Location: Hyatt Regency, Cancun, Mexico. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

19-21, Dermatology for the Non-Dermatologist. Location: Hyatt Regency, Grand Cayman. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

20-22, Neurology for the Non-Neurologist. Location: Desert Inn, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

20-22, Arrhythmias: Interpretation, Diagnosis & Management. Location: The Swan, Orlando, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

29-April 3, Advanced Management Program for Healthcare Executives.

Location: Leighton Auditorium, Siebens Medical Education Building, Mayo Clinic, Rochester, MN. **Contact:** Postgraduate Courses, School of Continuing Medical Education, Mayo Foundation, Rochester, MN 55905; (800) 323-2688; or fax (507) 282-0532. **Approved for:** 43 Category 1 credits.

APRIL

2-5, 1998 Annual Session American College of Physicians. Location: San Diego Convention Center, San Diego, CA. **Contact:** ACP Customer Service, (800) 523-1546, ext 2600; or (215) 351-2600; or http://www.acponline.org **Approved for:** 29 Category 1 credits.

3-5, Managing Respiratory Diseases. Location: Casa Marina Resort, Key West, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

3-5, Neurology for the Non-Neurologist. Location: Camelback Inn, Scottsdale, AZ. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

4-5, Breast Imaging—1998. Location: Dearborn Inn, Dearborn. **Contact:** Ms. Janice Coriotti, Michigan Radiological Society, 1010 Antietam, Detroit, MI 48207-2899; or (313) 567-1640; fax (313) 567-2065; or e-mail ldavis@med.wayne.edu. **Approved for:** 15 Category 1 credits.

6-8, Management Strategies in Complex Congenital Heart Disease. Location: Scottsdale Princess Resort, Scottsdale, AR. **Contact:** Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 First St. S.W., Rochester, MN 55905; (800) 323-2688; fax (507) 284-0532. **Approved for:** 13 Category 1 credits.

16-18, Clinical Endocrinology for Primary Care Physicians. Location: Hyatt Regency, Aruba. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

16-19, The American Society of Addiction Medicine's 29th Annual Medical-Scientific Conference. Location: New Orleans Marriott Hotel, New Orleans, LA. **Contact:** Call (301) 656-3920; or http://www.asam.org.

20-22, 5th Annual Emergency Radiology. Location: The Dearborn Inn, Dearborn. **Contact:** Ms. Andrea Lubienski, Division of Continuing Medical Education, Wayne State University School of Medicine, 4201 St. Antoine, 4-H UHC, Detroit, MI 48201; (313) 577-1180; fax (313) 577-7560; or e-mail alubien@med.wayne.edu **Approved for:** 18.5 Category 1 credits.

23-25, Arrhythmias: Interpretation, Diagnosis & Management. Location: The Westin Resort, St. John, USVI. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

23-26, Ophthalmology at Pinehurst. Location: Pinehurst Resort and Country Club, Pinehurst, NC. **Contact:** Joyce Robertson, Towsley Center for Continuing Medical Education, Department of Medical Education Professions, PO Box 1157, Ann Arbor, MI 48106-1157; (313) 763-1400. **Approved for:** 12 Category 1 credits.

24-26, Dermatology for the Non-Dermatologist. Location: Desert Inn, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

24-26, Coronary Heart Disease Update. Location: Parc Fifty Five, San Francisco, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits. ■

MSMS MEETINGS

March

6-7, 1998 MSMS Joint Section Meeting. Location: Dearborn Inn, Dearborn, MI. Contact: Judy Marr at MSMS at (517) 336-5744.

18, MSMS Board of Directors Meeting. Location: MSMS Headquarters, East Lansing, MI 10:00 A.M.-5:00 P.M. Contact: Irene Frost at MSMS at (517) 336-5734.

19, MSMS Maternal Health Conference. Location: Dearborn Inn, Dearborn, MI. Contact: Sheri Fent at MSMS at (517) 336-5730.

April

14, MSM/MPMLC "Making the Rounds." Location: Clinton Memorial Hospital, St. Johns, MI. Contact Tom Plasman at MSMS at (517) 351-0041, ext. 606.

23, Palliative Care: Comprehensive Care at the End of Life. Location: Kellogg Center for Continuing Education, MSU Campus, East Lansing, MI. Contact: Tom Seely at MSMS at (517)336-5770.

29, MSMS Committee on State Legislation and Regulations. Location: MSMS Headquarters, The Board Room, East Lansing, MI. Contact: Greg Aronin at MSMS at (517) 336-5739.

AMA MEETINGS

March

7-10, 1998 National Leadership Conference. Location: The Sheraton Washington Hotel, Washington, DC. Contact: Judy Marr at MSMS at (517) 336-5744.

13-15, AMA Inaugural Conference—"Strategic Partners: You, the AMA, and the National Human Genome Research Institute." Location: Sheraton, New Orleans, LA. Contact: Vickie Grosso at AMA at (312) 464-4574.

April/May

4/29-5/2, 1998 International Conference on Physician Health. "Managing Our Own Care: Surviving the Health Care Revolution." Location: Empress Hotel and Victoria Conference Centre, Victoria, British Columbia. Contact: AMA Dept. of Mental Health at (312) 464-5066.

MICHIGAN SPECIALTY SOCIETY MEETINGS

March

19, I Am Your Child Task Force. Location: MSMS Headquarters, East Lansing, MI. Contact: Jennifer Anibal at MSMS at (517) 336-7595.

26-27, Michigan Association of Medical Examiners/MSMS Annual Scientific Meeting. Location: The Athletic Club, East Lansing, MI. Contact: Bryce Docherty at MSMS at (517) 336-7586

April

2-5, 1998 Annual Session, American College of Physicians. Location: San Diego Convention Center, San Diego, CA. Contact: ACP Communications Department, (800) 523-1546, ext. 2655 or 2513.

16, I Am Your Child Task Force. Location: MSMS Headquarters, East Lansing, MI. Contact: Jennifer Anibal at MSMS at (517) 336-7595.

16-17, Michigan Medical Group Management Association Annual Spring Conference. Location: Sheraton Hotel. Contact: Bryce Docherty at MSMS at (517) 336-7586.

18, Michigan Society of Anesthesiologists Spring Meeting. Location: Amway Grand Plaza Hotel, Grand Rapids, MI. Contact: Tom O'Keefe at MSMS at (517) 336-7589.

22, Michigan Dermatology Society Meeting. Location: Henry Ford Museum, Dearborn, MI. Contact: Jennifer Anibal at MSMS at (517) 336-7595.

May

2, MSP Annual Spring Meeting. Location: Kellogg Center, MSU, East Lansing, MI. Contact: Bryce Docherty at MSMS at (517) 336-7586. ■

MD Too often, it stands for Multiple Distractions

Everything is moving fast in healthcare today - especially the technology.

Keeping pace is a tough challenge. Add the distractions of managing a private practice plus the expense of keeping equipment up to date - and you need a minor miracle to stay on top professionally and financially.

Caylor-Nickel Clinic has been serving Northeast Indiana since 1917.
We've stayed on top by keeping in touch with technology and in touch with the needs of our physicians.

We take care of the administrative distractions while you practice with fifty highly respected and supportive physicians. As a key contributor to this top performing team, we know you will need the time and energy to focus on your family and your profession.

The most advanced technology is on-site, right at your fingertips.

At the same time, you'll enjoy all the advantages of prospering in a safe and friendly, picturesque community. If you prefer an urban environment, Ft. Wayne is only 25 minutes away.

Additional incentives include:

- Built-in referrals to maximize your income.
- The security of a competitive salary guarantee plus bonuses.
- Automobile program.
- Fully paid malpractice insurance.

If the distractions of your practice have diverted you from your personal and professional goals, we invite you to visit Caylor-Nickel Clinic.

Openings exist at our progressive 50 physician group, for doctors specializing in:

- Dermatology
- Emergency Medicine (FP/IM)
- Family Practice
- Internal Medicine
- Orthopedic Surgery
- Pediatrics
- Rheumatology

For a full description of the physician's role and rewards with Caylor-Nickel Clinic, call Gregg Kurtz, CPC at 1-800-756-2663.

Caylor-Nickel Clinic, P.C.

One Caylor-Nickel Square • Bluffton, Indiana • 46714

Would you like to place and ad? The rate of classified advertising in *Michigan Medicine* is $1.00 per word , with a minimum charge of $50.00. Copy for classified advertisements should be received no later than the first of the month preceding the month of publication. To place an ad, contact Kristen Lare (517) 336-5747 or fax (517) 336-5797.

POSITIONS OPEN

FAMILY PHYSICIANS: If you think that you can find happiness in a small town in Iowa, please contact me. Jerry Hess, Mercy Family Care Network, 1000 4th Street S.W., Mason City, Iowa 50401; or (515) 422-5551, or toll free (888) 887-5551; or fax (515) 422-6388.

SERVICES AVAILABLE

Detroit X-Ray and Ultrasound Sales—Frank Bykowski—Affordable equipment, new and pre-owned, C-arms, fluoroscopic and general x-ray rooms, free consultations, evaluations and appraisals, pain management imaging equipment, upgrades and retrofits. Call toll free: (888) 338-9729; or fax (810) 716-9025.

PRACTICES FOR SALE

General Medical Practice—Western Wayne County. Long-established practice with equipment. Retiring physician will stay during transition.

Family Practice—Suburban Wayne County. Thirty-year plus practice. Medical equipment; physician is retiring.

Physical Therapy—Downriver/South Michigan/Mid-Michigan (three locations).

Neurology Practice—Mid-Michigan.

Workmans Comp/Personal Injury Clinic—Detroit. Real estate & equipment.

General Practice—Detroit. Well established practice. Retiring physician will stay during transition.

We have prospective purchasers for medical and dental practices in Michi-

Harper Associates

Physician and Healthcare Placement Specialists

We are currently working with a number of organizations in search of BC/BE physicians in various settings and locations throughout Michigan, Ohio, and nationwide.

OPPORTUNITIES AVAILABLE

ANESTHESIOLOGIST-Cleveland
DERMATOLOGIST-Lansing
FAMILY PRACTITIONERS
HEMATOLOGIST-ONCOLOGIST-Western Michigan
GENERAL SURGEON-Southeastern Michigan
MED/PEDS-Lansing
PEDIATRICIANS-Lansing
PSYCHIATRISTS (Child)-Central Michigan
PULMONOLOGIST- Western Michigan

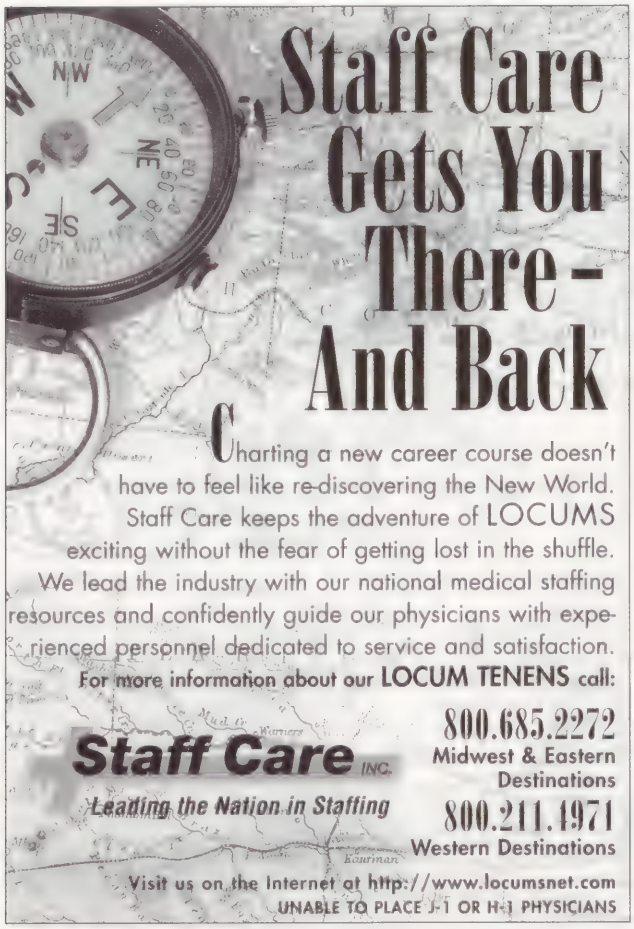
Many ongoing searches in other specialties.
For details please contact: Cheryl Nowak, R.N.

(248) 932-1170 Fax: (248) 932-1214
Harper Associates
29870 Middlebelt, Farmington Hills, MI 48334

gan. If you are considering selling a practice, give us a call, we may already have a buyer.
Medical Suites & Buildings for Sale/Lease
McNabnay & Associates, Inc. can assist you. We maintain a database of available medical and dental properties in Wayne, Oakland and Macomb Counties. Give us a call and we will develop a list of properties that meet your requirements. We keep all inquiries confidential! Also, call for a free copy of our listing catalog.
McNabnay & Associates, Inc.
(248) 258-5900 Medical Building Specialists.

LEGAL SERVICES

ERNEST P. CHIODO, M.D., J.D., M.P.H.
Physician - Attorney
* Legal Representation of Physicians
* Peer Review
* Licensure and Discipline
* National Practioners Data Bank
(810)791-6737



OFC ST. FRANCIS HOSPITAL ESCANABA, MICHIGAN

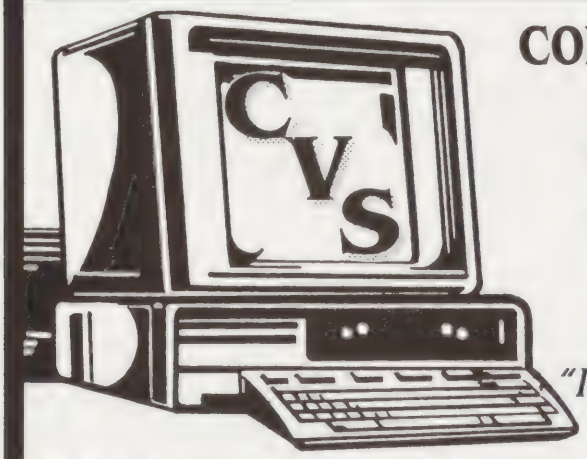
Family Practice - Position available for a BC/BE family practitioner at Powers Clinic, Powers, MI. This beautiful town is centrally located between Iron Mountain, Escanaba, and Menominee, which are all approximately 22-35 miles apart. You will be the only family practitioner in Powers, but can be shared with the physicians in Escanaba. There is an option for an out-patient only practice that will include nursing home patient care in the attached 180 bed facility. St. Francis Hospital, located on Lake Michigan, is a 110-bed facility and is the only hospital within a 60-mile radius. Recreation is plentiful, especially winter sports, boating and golf. (Four 18-hole and two 9-hole courses)

With both opportunities you can benefit from the resources and leadership of a 100 year old Catholic Healthcare System. We offer a competitive salary and excellent benefits package.

For more information contact:

Steve Baker
OSF Saint Francis, Inc.
1-800-430-6587
FAX 309-685-2574

OSF HEALTHCARE



COLONIAL VALLEY
SOFTWARE, INC.

Dental & Medical Systems

'Lectronic Pegboard shows a proven success record of Michigan installations.

COLONIAL VALLEY SOFTWARE, INC.

presents

'Lectronic Pegboard

The first choice in computer systems for the medical or dental practice.

First In Service and Support

"If you don't have service, you don't have a system."

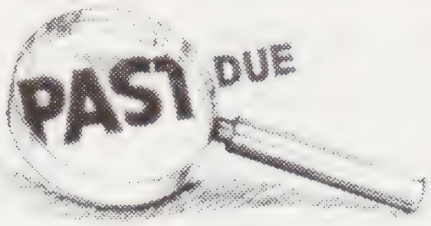
Complete Turnkey Systems include:

- All Equipment
- All Software
- Onsite Training
- One Year Warranty and Maintenance
- Price starts below $9,000

Call 1-800-359-1002 or (810) 733-6070, Let Colonial Valley Software, Inc, provide you with high tech solutions, and give you old-fashioned service.

3398 S. Dye Road, Flint, MI 48507

Your focus should be on your patients...not your patience.



We are professionals helping professionals. Our job is to collect your past due accounts so you're free to keep pace with today's health care needs. We will recover the money you are owed effectively and efficiently, providing you with improved cash flow and more time to take care of your patients and your practice. That's why I.C. System is offered as a membership benefit by over 700 business and professional associations like yours.

ASSOCIATION APPROVED

For the I.C. System Difference, call

1-800-279-6620

Endorsed by the
Michigan State Medical Society
Priority Number: A7101

THE I.C. SYSTEM DIFFERENCE

BINSON'S
Home Health Care Centers
MEDICAL SUPPLIES & SERVICES SINCE 1953

Binson's, a trusted name in home care for over forty years.

- Medical Equipment Supplies & Services
- Mastectomy
- Diagnostic & Surgical Supplies
- Ambulatory Aids
- Bathroom Safety
- Orthotics & Prosthetics
- Clinical Services
- Ostomy Supplies
- Wheelchairs
- Patient Room Equipment

WHEN YOUR CHOICE IS HOME

Joint Commission on Accreditation of Healthcare Organizations

1-800-922-6528

Primary Care Physicians
Practice Opportunities
City of Detroit

Recent practice acquisition has created opportunities for board certified/board eligible physicians in family practice, internal medicine and pediatrics. Competitive salary and fringe benefit package available. Academic appointments available.

Please send CV to
Practice Opportunities
17570 Meadowood Ave.
Lathrup Village, Michigan
48076

PRACTICE IN THE LAND OF LAKES

- Family Practice
- Orthopaedics
- NP's or PA's for Rural Health Clinics

Fully accredited 60-bed hospital Rehabilitation unit
Clinically broad practices with regional referral availability

Private practice or hospital-based practice

Call coverage

Excellent benefits.

For more information call:
Diane Thompson
(616) 324-4068
Three Rivers Area Hospital
1111 West Broadway
Three Rivers, MI 49093

Equal Opportunity Employer

Three Rivers Area Hospital

Your Outside Line



You're busy. You're out and you've got to get through to your clients, your staff—everyone! Your association membership can help give you the best deal while giving you superior service. Take advantage of this special offer from AirTouch Cellular. It's just the outside assistance you need. And that's no line!

AIRTOUCH™
Cellular
An easy call to make℠

Every time you use your phone, AirTouch Cellular makes a contribution to your Association at no additional charge to you.

Endorsed by:

MICHIGAN STATE MEDICAL SOCIETY

1-800-AIRTOUCH

AirTouch™ and the AirTouch logo are trademarks of AirTouch Communications, Inc.
An easy call to make℠ is a service mark of AirTouch Communications, Inc.

Confirming the Past, Creating the Future

To keep ahead of the competition you need to plan your future with sound advice from skilled specialists. At Plante & Moran we offer just that—proactive personal and business advisory and consulting services in addition to traditional accounting and auditing services. With us, your interests come first—because when you succeed, we succeed. For more information, please call us: (517) 332-6200.

- Financial Statement Service
- Tax Return Preparation
- Tax Consulting
- Strategic Planning
- Personal Financial Planning
- Family Business & Succession Planning
- Benefit Plan Administration
- Litigation Support & Practice Valuation Services
- Prepairing for Managed Care
- Productivity & Quality Improvement

PLANTE & MORAN, LLP

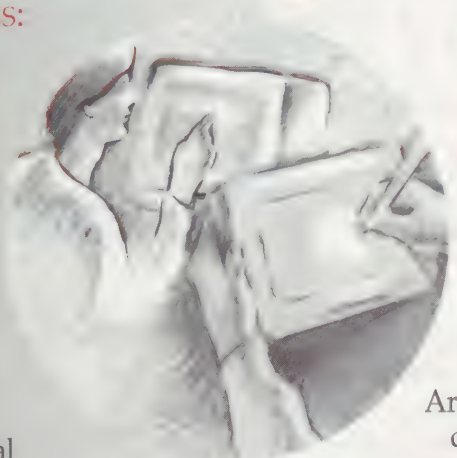
Certified Public Accountants • Management Consultants
1111 Michigan Avenue, East Lansing, Michigan 48823
(517) 332-6200 • Fax (517) 332-8502

New MEDICAL PROGRAM

WINDOWS™ 95/NT AND 32-BIT POWER FOR ALL OFFICE FUNCTIONS:

- Billing
- Scheduling
- Charting
- Orders
- Prescriptions
- Managed Care
- Referral Tracking
- Year 2000 Ready
- Keyboard Optional

(Providers use Pen Tablet computer on wireless Windows™ 95/NT network; touch screens for staff)



Bennethum Corporation is proud to introduce a new cutting-edge medical computer system.

BennPro/32™

NOT EVOLUTIONARY — REVOLUTIONARY

Arrange a personal demonstration of BennPro/32™ today.

Bennethum Corporation
West Bloomfield, Michigan
1-800-982-2623
sales@bennethum.com

BENNETHUM CORPORATION

continued from page 56

campaigns and most importantly, publicizing their recommendations to all the member organizations.

You know that the Michigan Trial Lawyers Association historically has poured *major* donations into the campaign coffers of their candidates, so they expect to get their way in the forthcoming decisions. It's difficult to compete with this—but compete we must—even if physicians don't like to spend money on elections. We have to get *our* candidates elected.

So this is what I am asking *all* of you to do during this 1998 election year. Get active in your county medical society's Legislative/Judicial Committee. Support the candidates of your choice. Make your recommendations known to us at MSMS. And stay tuned for all messages from the AJA.

It's most important that we elect Friends of Medicine to the Michigan Supreme Court and the Court of Appeals, so that our hard-fought Tort reforms will not all come to naught! ■

ADVERTISER'S INDEX

AirTouch Cellular 53
Bennethum 54
Binson's Home Health Care 53
Brainerd 37
Caylor-Nickel Clinic, PC 49
Colonial Valley 52
Cunningham Group 9
Davis Smith 37
Diplomat 21
DMC Health Care Center 53
Doctor Chiodo 50
Harper Associates 50
HCFA 14
Hospice 1
IC Systems 52
Jirous Management Group 10
MBNA 20
Medical Protective Agency 36
MESSA 16
Michigan Clinic for TMJ/Facial Pain 34
Michigan Pain Management 34
Michigan Physicians Mutual Liability Company .... BC
Michigan Psychoanalytic Society 41
MSMS Group Insurance Trust 17
MSMS Physician Service Group ..... IBC
MSU/PIM Weekend MBA 37
Physicians Leasing 14
PICOM ..... IFC
Plant Moran 54
Premier 14
Saint Francis, OSF 51
St. John Hospital and Medical center 41
Staff Care 51
Stratton Cheeseman & Walsh 40
Three Rivers Hospital 53
Two Men and A Truck 20



We must compete in '98 elections

Judicial races are of big importance

By Peter A. Duhamel, MD

MSMS President

You all remember how exultant we were when the Michigan Legislature passed our Tort Reform Bills in 1986. Many of us were among the 10,000 who crowded the Capitol Lawn on that bright October day in 1985, clamoring for legislative action.

Legislative successes

The party leaders and the governor heard our pleas, and enacted the 1986 bills. They were good bills, but not perfect. We received a cap on non-economic damages of $250,000, but there were very large loopholes that any skilled attorney could drive a Peterbilt through.

So we came back in 1993, to "fix up" the previous bill, by closing those loopholes in the cap, more clearly defining the expert witness, providing for a pre-trial affidavit of merit and requiring a 182-day notice of intent to file a suit. Again we had great input from all of you to your senators and legislators, through personal communications, phone calls, faxes, testimony, etc., and we have our membership to thank for our legislative success.

But now we need your personal involvement again. As you are aware, our friends, the trial lawyers, who fought us every step of the way in our legislative battles, now have brought cases against various portions of these Tort Reform bills. Many of these cases were filed on April 1, 1994, the date these bills went into effect, so you get the very strong feeling that this was a planned conspiracy against us and against our patients, the citizens of Michigan.

These cases have wound their devious ways through the local county courts, and have been upheld in the State Court of Appeals. Now there are at least three cases or combination of cases before our Michigan Supreme Court. MSMS has responded as well as we are able with strong arguments and amicus curiae briefs before the Appeals Court, and are gearing up to do the same before the Supreme Court.

You may be familiar with the MICRA bills, originated by the California Medical Association and passed into law in the mid-1970s. These were appealed by the Trial Lawyers, and finally received approval by the California Supreme Court 10 years later. Now California has what is considered the very best Tort laws in the nation, and their liability premiums have fallen to less than half of what they were. Much of our Michigan package has been based on MICRA.

We anticipate that the Supreme Court will act on these cases in the next few months, probably before the 1998 election year activities begin in earnest.

A call for action

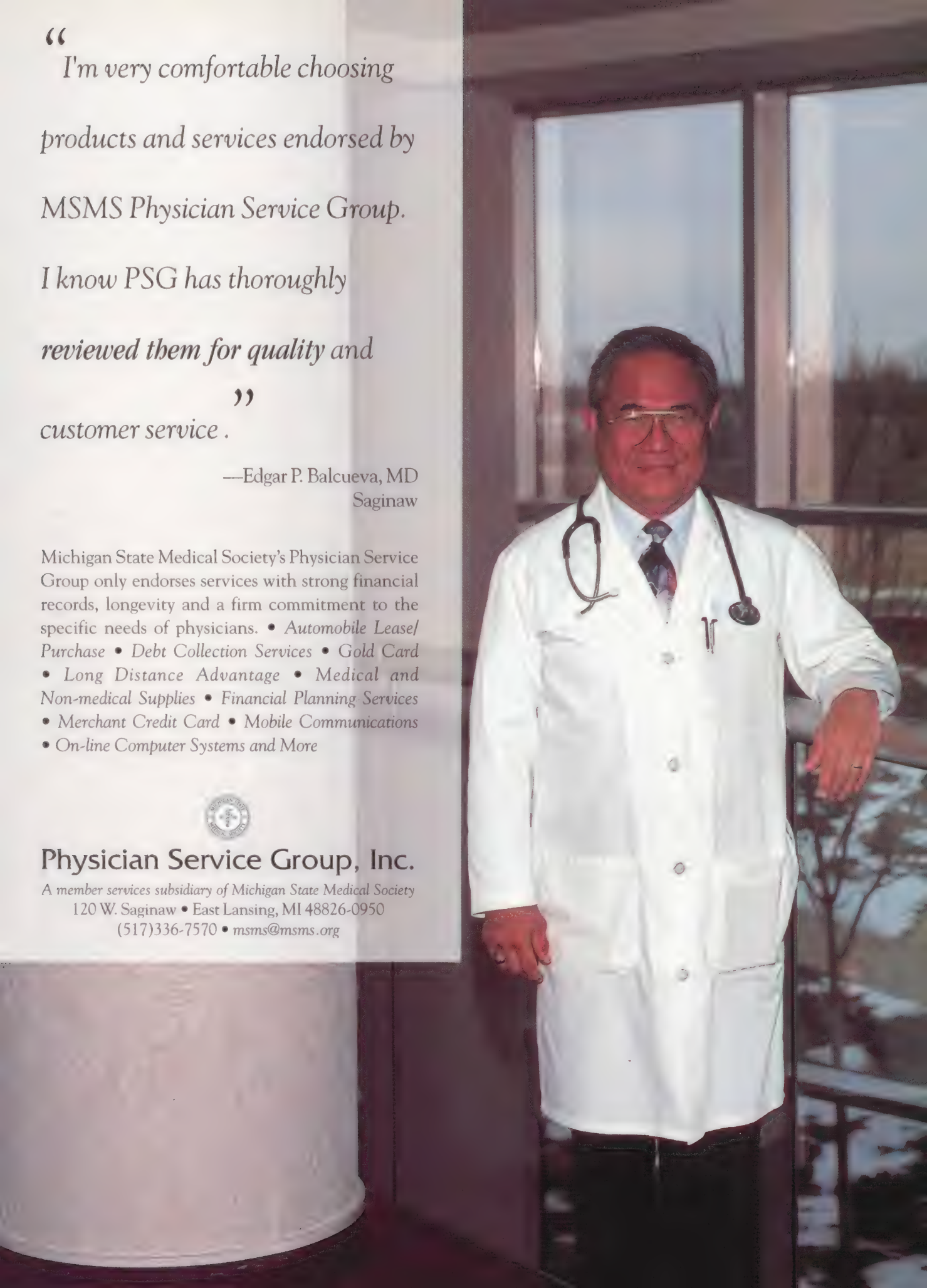
This takes me to the *meat* of this message. This is a *big* election year: the governor and all state officers, all 16 of our congressional representation, the entire House of Representatives (2/3 of them not being able to run again due to Term Limits) and the entire State Senate (many of whom will be challenged by current Representatives). But the most important election you will be voting in this year will be way in the back of your ballot—the "non-partisan" portion of the ballot—where you cast your vote for local (district), county(circuit) and appeals judges and for three positions on the Michigan Supreme Court.

How to get involved

You may ask, how do I know which judges to vote for? At the local and county levels, the county medical societies should form Legislative/Judicial Committees, who can interview ALL candidates, questioning them on how they feel about medical liability cases, tort reforms and other topics of concern to physicians in their districts, such as scope of practice, public health, etc. Then, once your committee has decided to endorse a candidate, you should be active in helping him or her to be elected, letting that candidate know that you're supporting him/her because of his/her position on medical issues.

What about the state-wide candidates for the Supreme Court and the Court of Appeals? For that we have the Alliance for Judicial Accountability(AJA), which is described in this issue. The AJA is composed not only of medically oriented societies, but of many other groups who are demanding fairness from their state judges and justices. As you may recall, the AJA has been instrumental in the past two Supreme Court elections, interviewing candidates, researching their legislative record on medical, business, and other matters, raising money to be spent in support of their political

continued on page 55



"I'm very comfortable choosing products and services endorsed by MSMS Physician Service Group. I know PSG has thoroughly reviewed them for quality and customer service."

—Edgar P. Balcueva, MD
Saginaw

Michigan State Medical Society's Physician Service Group only endorses services with strong financial records, longevity and a firm commitment to the specific needs of physicians. • *Automobile Lease/Purchase* • *Debt Collection Services* • *Gold Card* • *Long Distance Advantage* • *Medical and Non-medical Supplies* • *Financial Planning Services* • *Merchant Credit Card* • *Mobile Communications* • *On-line Computer Systems and More*

Physician Service Group, Inc.

A member services subsidiary of Michigan State Medical Society
120 W. Saginaw • East Lansing, MI 48826-0950
(517)336-7570 • *msms@msms.org*

NATIONAL LIBRARY OF MEDICINE
NLM 01173158 3

Other Insurers Say They'll Behind You When You Have



MPMLC Stands in Front of You.

After all, fighting legal battles isn't your business, it's ours.

When it comes to professional liability, Michigan Physicians Mutual Liability Company (MPMLC) will be your shield, **defending you against non-meritorious claims** and protecting your reputation. Our experienced claims staff will forge ahead in your defense. And we'll **keep fighting** until your claim is resolved.

MPMLC is highly rated by A.M. Best and Standard & Poor's. This means you can be confident we have the financial strength to keep you safe, even in the heat of battle.

We're also guarding your future by providing: customized coverage, excellent hands-on service, competitive pricing, and nationally recognized risk management programs that will help minimize the threat of future claims and also can qualify you for premium discounts.

So, you keep doing what you do best, and we'll keep doing what we do best — shielding our policyholders from financial risk. For more information or a quotation, please call our representatives at the Stratton, Cheeseman & Walsh Agency, **1-800-968-4929**.

- Rated "A-" (Excellent) by A.M. Best and "A+" by Standard & Poor's
- Customized Coverage
- Policyholder's Consent to Settle Claims
- Proactive Risk Management
- Competitive Rates
- Prior Acts Coverage Available
- Free Retirement Tail Available

MICHIGAN PHYSICIANS
Mutual Liability Company

The endorsed medical liability insurance provider of the Michigan State Medical Society and the Michigan Osteopathic Association.

W1 MI22J
V.97 NO.3 1998
C.01--------SEQ: M33700000
TI: MICHIGAN MEDICINE
03/20/98

Alliance Month • SIDS Campaign • Foundation Activity • Managed Care Contracting

Michigan Medicine

March 1998 • Vol. 97, No. 3 Award-Winning Journal of the Michigan State Medical Society



47367 S 7 30
NATIONAL LIB OF MEDICINE
IM S223603 BLDG 38 RM BLW10
8600 ROCKVILLE PIKE
BETHESDA MD 20894-0001

NATIONAL LIBRARY OF MEDICINE
NATIONAL INSTITUTES OF HEALTH
PROPERTY OF THE NATIONAL LIBRARY OF MEDICINE

Reimbursement tips for a changing environment

Prepared.



With PICOM on the lookout, you have a liability protection partner who helps you stay on firm ground.

Our job is to be prepared in an ever-changing environment. We're constantly scouting for new ways to deliver solid coverage that adjusts to your special needs.

Our experienced team steers you clear of obstacles with their expert guidance for reducing risk. And our eye to the future keeps you pointed in the right direction.

So, go ahead.
Choose your path
with confidence.
And enjoy the climb.

PICOM
INSURANCE COMPANY

Insuring – and reassuring – the health care community

800/292-1036

MD Too often, it stands for Multiple Distractions

Everything is moving fast in healthcare today - especially the technology.

Keeping pace is a tough challenge. Add the distractions of managing a private practice plus the expense of keeping equipment up to date - and you need a minor miracle to stay on top professionally and financially.

Caylor-Nickel Clinic has been serving Northeast Indiana since 1917.
We've stayed on top by keeping in touch with technology and in touch with the needs of our physicians.

We take care of the administrative distractions while you practice with fifty highly respected and supportive physicians. As a key contributor to this top performing team, we know you will need the time and energy to focus on your family and your profession.

The most advanced technology is on-site, right at your fingertips.

At the same time, you'll enjoy all the advantages of prospering in a safe and friendly, picturesque community. If you prefer an urban environment, Ft. Wayne is only 25 minutes away.

Additional incentives include:

- Built-in referrals to maximize your income.
- The security of a competitive salary guarantee plus bonuses.
- Automobile program.
- Fully paid malpractice insurance.

If the distractions of your practice have diverted you from your personal and professional goals, we invite you to visit Caylor-Nickel Clinic.

Openings exist at our progressive 50 physician group, for doctors specializing in:

- Dermatology
- Emergency Medicine (FP/IM)
- Family Practice
- Internal Medicine
- Orthopedic Surgery
- Pediatrics
- Rheumatology

For a full description of the physician's role and rewards with
Caylor-Nickel Clinic, call Gregg Kurtz, CPC at 1-800-756-2663.

Caylor-Nickel Clinic, P.C.

One Caylor-Nickel Square • Bluffton, Indiana • 46714

Award-Winning Journal of the Michigan State Medical Society

MichiganMedicine

COVER STORY



Cover design: Abbott Press

STAYING AHEAD FINANCIALLY
Reimbursement tips for a changing environment 24

Perhaps you are your own boss, and your ability to pay your staff and maintain your office is contingent upon how well you manage finances. Or maybe you practice in a group setting, in which you have a substantial interest or where there is pressure on you to earn income. Possibly your group practice is getting ready to negotiate a contract with a health plan. Wherever you stand, a far-reaching passel of developments evolving now will directly or indirectly affect your ability to earn a living practicing medicine.

By Donna Kondek

FEATURES

ALLIANCE

Medical Alliance Month 6

"Medical Alliance Month" is sponsored by the AMA Alliance, a nationwide organization of more than 55,000 physicians' spouses dedicated to the health of America.

By Jennifer Anibal

MEDICAL ECONOMICS

A physician's primer for managed care contracting 12

As managed care continues to grow in Michigan, it has become increasingly important for physicians to keep in mind several key points before they sign a managed care contract.

By Thomas Wolff and Robert Kardell

March 1998 Volume 97, Number 3

MSMS Internet Website Address: http://www.msms.org/

MSMS E-mail Address: msms@msms.org

FEATURES

PHYSICIAN PROFILE

James Waun, MD: Mixing business with pleasure 20

For James Waun, MD, creating a template for change is a personal challenge.

By Lisa Weatherford

SPECIAL FEATURE

"Back to sleep" campaign a success 22

Recent efforts to encourage parents to put their babies to sleep on their backs parallel a 30 percent decline in SIDS deaths in Michigan and almost a 50 percent decline nationwide.

By Sandra J. Frank, JD and Theresa M. Covington, MPH

PHYSICIAN PROFILE

Terry Wortz, MD: A working sabbatical 33

A Battle Creek internist will be leaving on a year-long medical teaching sabbatical to the former Soviet republic of Kazakhstan.

By Ralph D. Ward

FOUNDATION ACTIVITY

Area hospital receives a "breath of fresh air" 36

With the help of the MSMS Foundation, Alpena General Hospital physicians are waging a war—"Tar Wars."

By Colleen M. Horton

LIFE'S PLEASURES

Some real "page turners" 38

Good news for recreational readers: five dependable authors recently have released their best work ever

By Roy S. Goodman, MD

DEPARTMENTS

ASK OUR LAWYER 8
SURFING THE INTERNET 18
PEOPLE 42
IN YOUR FUTURE 46
EDUCATIONAL OPPORTUNITIES 50
CLASSIFIED 58
AD INDEX 63
PRESIDENT'S PERSPECTIVE 64

Coming in your April *Michigan Medicine:* Unionization

Look for *Michigan Medicine* On-line at http://www.msms.org/

Our ability to meet
your growing needs
has made

Meadowbrook

Michigan's most
effective liability
insurer.



You're a healer, a protector who provides a lifetime of care for your patients. But who is protecting you?

At Meadowbrook we'll develop a unique liability plan for you that is both affordable and flexible. This includes customized coverage to meet your growing demands in the ever changing health care profession.

It's called the Meadowbrook Way.

And as your practice grows to include a broader scope of healthcare services, you'll feel secure knowing that our Claim Prevention Service and Claims Counsel are available to answer any questions. Offering legal consultation to help your team understand their growing responsibility for their patients, we'll work with you to help prevent possible problems along the way.

Let us put our medical claims knowledge and experience to work for you. We'll keep you protected so you can provide the quality care your patients deserve, and will grow to expect.

STAR
INSURANCE
COMPANY

MEADOWBROOK®
INSURANCE GROUP
The Alternatives People.®

MIG
Listed
NYSE

Call Meadowbrook 1-800-482-2726: Ask for John Payne • www.meadowbrookinsgrp.com
Products and services provided by **Star Insurance Co., Savers Property & Casualty Insurance Co.** and other operating subsidiaries. Star and Savers are rated A- (Excellent) by A.M. Best.

Executive Director
William E. Madigan

Committee on Publications
John H. McLaughlin, MD
Birmingham, Chair
Thomas R. Berglund, MD
Portage
Jeffrey M. Jones, MD
Battle Creek
Dorothy M. Kahkonen, MD
Detroit
John M. MacKeigan, MD
Grand Rapids

Editor
Judith E. Marr
Assistant Editor
Kristen M. Lare

Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editor nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. **Michigan Medicine** reserves the right to accept or reject advertising copy. Products and services advertised in **Michigan Medicine** are neither endorsed nor warranteed by MSMS, with the exception of a few.

Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published 12 times per year on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news and exchanges should be addressed to Judy Marr, advertising to Judy Hudson, classified advertising to Kristen Lare, and address changes to Jennifer Bates, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

MICHIGAN MEDICINE
Michigan State Medical Society
P. 0. Box 950
East Lansing, Michigan 48826-0950.
Phone 517-337-1351
©1998 Michigan State Medical Society

Design, layout and prepress by Abbott Press, East Lansing, a subsidiary of MSMS.

PRINTED WITH SOY INK

SOCIETY OF NATIONAL ASSOCIATION PUBLICATIONS

Michigan State Medical Society

the Voice of 13,000 Michigan Physicians

Officers

PRESIDENT	Peter A. Duhamel, MD, *Rochester*
PRESIDENT-ELECT	Cathy O. Blight, MD, *Flint*
IMMEDIATE PAST PRESIDENT	W. Peter McCabe, MD, *Grosse Pointe Shores*
SECRETARY	Thomas R. Berglund, MD, *Portage*
TREASURER	Billy Ben Baumann, MD, *Pontiac*
SPEAKER	Dorothy M. Kahkonen, MD, *Detroit*
VICE SPEAKER	Paul O. Farr, MD, *Grand Rapids*

Board of Directors

CHAIR	Krishna K. Sawhney, MD, *Farmington Hills*
VICE CHAIR	Kenneth H. Musson, MD, *Traverse City*

District Directors

DISTRICT 1	Hassan Amirikia, MD, *Detroit*
	James P. Gallagher, MD, *Detroit*
	Richard P. Horsch, MD, *Farmington*
	Cecil R. Jonas, MD, *Detroit*
	Krishna K. Sawhney, MD, *Farmington Hills*
	Joseph J. Weiss, MD, *Huntington Woods*
DISTRICT 2	Mitchell A. Rinek, MD, *Lansing*
DISTRICT 3	Jeffrey M. Jones, MD, *Battle Creek*
DISTRICT 4	James B. Kilway, MD, *Kalamazoo*
	David J. Millard, MD, *Paw Paw*
DISTRICT 5	John M. MacKeigan, MD, *Grand Rapids*
	M. Gary Robertson, MD, *Grand Haven*
DISTRICT 6	AppaRao Mukkamala, MD, *Flint*
DISTRICT 7	D. Moore Hislop, MD, *Port Huron*
DISTRICT 8	Thomas A. Egleston, MD, *Saginaw*
DISTRICT 9	Kenneth H. Musson, MD, *Traverse City*
DISTRICT 10	Devendra Sharma, MD, *Tawas City*
DISTRICT 11	Robert C. Packer, MD, *Muskegon*
DISTRICT 12	Jaak M. Pahn, MD, *Sault Ste. Marie*
DISTRICT 13	Rudy W. Stefancik, MD, *Hancock*
DISTRICT 14	Rudi Ansbacher, MD, *Ann Arbor*
	Rhoda M. Powsner, MD, *Ann Arbor*
DISTRICT 15	Mark D. Kolins, MD, *Troy*
	John H. McLaughlin, MD, *Birmingham*
	Alan M. Mindlin, MD, *Pontiac*
	Donald B. Muenk, MD, *Warren*
EXECUTIVE DIRECTOR	William E. Madigan

Medical Alliance Month

By Jennifer Anibal



Through hundreds of health projects—which addressed issues such as immunizations, adolescent, teen, and family violence, gun safety awareness education in schools, state and county—Medical Alliances have been dedicated to improving community health for decades. "Medical Alliance Month,"—which is being observed this month—is an opportunity for Medical Alliances across the country to celebrate their projects to improve the health of people in their communities, and to seek public awareness for their many achievements. "Medical Alliance Month" is sponsored by the AMA Alliance, a nationwide organization of more than 55,000 physicians' spouses dedicated to the health of America.

The Michigan State Medical Society Alliance (MSMSA) is celebrating "Medical Alliance Month" by recognizing its local county activities. Each year the county Alliances diligently raise funds, volunteer in schools, and educate communities regarding health-related issues. Many times their efforts go unnoticed and often they are never thanked. In honor of "Medical Alliance Month," a special "thank you" is sent to all of the County Alliances. We salute you! Keep up the good work and thank you for making our communities a better place to live.

Featured on these pages are projects and activities sponsored by County Alliances throughout the state.

For more information, or to learn how your county can become involved in Medical Alliance activities, please contact Jennifer Anibal at MSMS at (517) 336-7595 or at janibal@msms.org. ■

The author is executive director of the MSMS Alliance.



Northern Michigan Alliance volunteers take a break from stacking 10 cords of wood for the Women's Resource Center Safe House in Petoskey.



Grand Traverse-Leelanau-Benzie Alliance members represented their county and state alliances by attending the Volunteer Summit in Washington DC this past year. Pictured (left to right) are Governor John Engler, Janet Gregory, First Lady Michelle Engler, and Cathie Martin.

Wayne County Alliance members hosted a festive display of tabletop designs as a fundraiser for Interim House and My Sister's Place, both shelters for victims of domestic violence. Pictured (left to right) are Velma Clark, WCMSA co-chair, Jane Daugherty, WCMSA honorary media chair, Trudy Duncombe Archer, honorary chair and spouse of Mayor Archer of Detroit, Susan Robertson, WCMSA president, and Joan Jonas, WCMS co-chair.





Alliance member from Genesee, Kalamazoo, and St. Clair counties attended a leadership training conference to further their skills and abilities to lead their County Alliances. Pictured (from left to right) are Lila Esfahani, Kim Stewart, Nigar Hussain, and Carmen Villegas.



Practice Management Contracts/ Illegal Fee-Splitting

By Richard D. Weber, JD

MSMS Legal Counsel

Question: Our physician organization has signed a contract with a practice management firm. Included in the compensation to be paid to the practice management firm is a percentage of the net income derived from fees for providing medical services. Is fee-splitting illegal and is this fee-splitting?

Answer: Fee-splitting is illegal in Michigan under both the Public Health Code and the Michigan Penal Code. Specifically, the Public Health Code precludes unethical business practices that include "dividing fees for referral of patients." The Michigan Penal Code also provides, in relevant part, that "any physician . . . who shall divide fees with or shall promise to pay a part of his fee to or pay a commission to any other physician or surgeon or person who . . . sends patients to him for treatment . . . shall be guilty of a misdemeanor. . . . " Violation of the Penal Code could result in imprisonment of up to six months and/or a fine, and discipline, including loss of license. Violation of the Public Health Code could also result in discipline, including a reprimand, fine, probation, community service, denial, or restitution. The question, therefore, is what is "fee-splitting?"

There are virtually no appellate court decisions in Michigan interpreting these statutes that preclude fee-splitting. Significantly, the Florida Board of Medicine recently ruled that a practice management firm's contract with a group of 13 Tampa Bay physicians that called for a 30 percent share of increased profits is illegal under Florida laws against fee-splitting. Under the agreement, the group practice was required to pay a fee of 30 percent of its net income in return for a number of services, including practice expansion via creation of a preferred provider network, affiliations with other networks, and negotiation of managed care contracts. Under traditional case law, if a contract is illegal, it is unenforceable. In the Florida case, the Board stayed its ruling to allow the practice management company to appeal the decision to the Florida courts. This means that it will be at least six months and perhaps more than a year before any decision is rendered in Florida or any enforcement activity could take place.

The ruling by the Florida Board of Medicine shocked the health care community, not only in Florida but elsewhere. Opponents claim that the ruling is an unprecedented application of fee-splitting and is contrary to traditional percentage fees charged by practice management companies. If the ruling is upheld in the courts, it could impact not only practice management companies, but management service organizations, independent practice associations and even hospital-owned physician practices. Anyone who is paid a percentage for increasing the volume of patients literally would fall within the ruling of the Florida Board of Medicine. Practice management companies could pay a fee for enhancing the patient volume of a practice, so long as the fee is a flat fee or based upon time incurred or some other factor that is not tied to a percentage of fees.

Statutes making fee-splitting illegal apply to physicians and not practice management companies or other entities when they receive a percentage of fees. Although practice management company contracts could be voided on the basis that they include illegal fee-splitting provisions, it is the physician, not the practice management company, who is in violation of the law and subject to possible criminal sanctions and licensure discipline.

Whether the Florida courts will affirm the ruling of the Florida Board

continued on page 10

Editor's Note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Judith Marr, Editor, P.O. Box 950, East L ansing, MI 48826-0950.

Announcing...

Malpractice Insurance Alternatives!

Cunningham Group

"Insurance and Risk Management Services Since 1947"

Call Toll Free: 888.656.7070

As specialists in malpractice insurance, the Cunningham Group can offer you top-rated and cost-effective malpractice insurance alternatives for:

• Individual and Group Practice Physicians and Surgeons •
• Clinics • Surgery Centers • IPAs • PHOs • MSOs •
• Multi-Specialty Practices •

For Additional Information, Contact:
Terri L. Richards
888-656-7070 or 616-465-7070
Fax: 616-465-5007
Cunningham Group

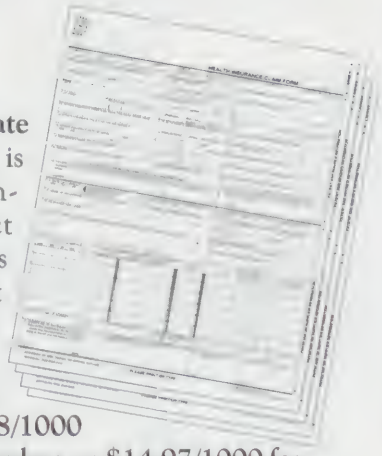
Office Locations:
Stevensville, Michigan • Cleveland, Ohio • Chicago, Illinois
Houston, Texas • Columbus, Ohio • Pittsburgh, Pennsylvania

"Ask Our Lawyer" continued from page 8

of Medicine is an open question. It is also an open question as to whether the statutes precluding fee-splitting in Michigan would be interpreted in the same way the Florida Board of Medicine interpreted the similar Florida statutes. Without judicial precedent interpreting fee-splitting statutes, no definitive opinion can be rendered. It is clear, however, that statutes precluding fee-splitting were enacted decades ago, prior to the vast changes in health care structuring and financing, including the growth of managed care and the integration of physician organizations. It is distinctly possible that the Florida courts, and Michigan courts if and when they are confronted with the issue, would apply these statutes to direct payment in exchange for specific patient referrals, but not extend the law to the payment of a percentage of total fee revenue to a practice management company. It is unlikely that the Attorney General or the Board of Medicine in Michigan will challenge a practice management contract with a similar percentage of revenues provision without a specific complaint or lawsuit raising the issue. The decision of the Florida courts will not be binding precedent in Michigan, but it will be significant in that it may be the only such ruling in the country. That case will be carefully monitored by MSMS legal counsel. ■

The author is senior partner with Kerr, Russell & Weber, Detroit.

HCFA 1500 Forms Available



The **Michigan State Medical Society** is pleased to announce a product offered through its subsidiary Abbott Press, the **HCFA 1500 Forms.** These forms are available at **$39.88/1000 for two-part carbonless,** or **$14.97/1000 for one-part forms,** plus tax and shipping.

To order, please call Heidi Van Ostran at 517-336-5761 or fax to 517-336-5797.

"Patients comment on our on-hold messages all the time. They enjoy receiving information rather than just listening to music."

– Office of Jeffrey T. Vangelderen, MD, FAAP
Bay City

- Script Writing
- Voice Talents
- Maintenance Free Service
- 100% Guarantee
- MSMS Member Discount

Demo Line:
(800) 892-HOLD
Speak to our Representative at
(517) 349-5177

PREMIER COMPANIES HOLD PLUS
Telephone on-hold message and music systems

Summer Camp for Asthmatic Children

By Suzanne Rutkowski, CMA and Marilyn A. Smoltz, RN

Summer camp is an important childhood experience. Prior to 1960 it was believed that asthmatic children should limit their activities and exercise should only be done with caution. An end has come to restrictions and isolation, welcome to an era of new opportunities, activities, challenges, achievements, and personal growth—welcome to camp Michi-MAC.

About Camp Michi-MAC

Camp Michi-MAC was established in 1980 by the Michigan Allergy and Asthma Society to allow children with asthma to attend camp. Camp Michi-MAC is unique in that the asthmatic children are mainstreamed into regular camp activities with children without asthma while proper medical supervision is provided by physicians, nurses, pharmacists, and respiratory therapists.

Camp Michi-MAC is conducted at YMCA Storer Camps, which covers 1200 acres of rolling meadows and deep woods surrounding spring-fed Stony Lake, near Jackson, Michigan. The camp offers caring and nurturing environments that promotes character development, spiritual growth, and lots of fun. YMCA Storer Camps have been servicing kids of all ages for over 70 years.

While at camp

Children participate in all the regular camp activities (swimming, arts and crafts, boating, horseback riding, and much more). Because the medical team is present on a 24-hour basis, the children—and parents and physicians back home—have the security that there is a medical staff that understands asthma, its triggers and treatment ready to assist them. Educational and management skills are taught throughout the camping session.

Campers begin and end each day with a visit to the medical facility for routine medication, peak flow measurement and assessment by the medical team. If any symptoms are present, the camper is examined by a physician and given the appropriate treatment.

Cost and Dates of 1998 Camp Sessions

Applications are accepted from children who will be in the grades 3-10 and are living in the state of Michigan. Children in grades 3-7 attend for one week and grades 8-10 attend for two weeks. The camp is an overnight camping experience. Dates for camp this year are (grades 3-7) July 12-18 or July 18-24 and (grades 8-10) July 12-24. The cost to the family of the child attending Camp Michi-MAC is $50 per week. No child will be denied access to Camp for financial reasons. Scholarships and fundraising opportunities are available for families who cannot afford this fee. The actual cost to Camp Michi-MAC to support sending a child to camp is $450 per week.

How to refer children with significant asthma to Camp Michi-MAC

As a physician, seeing youngsters develop the independence and self-confidence and the ability to experience participation in normal childhood activities is the goal of proper management of asthma. To help fulfill childhood dreams and create lasting memories, copy this article and give it to children with asthma. For more information, brochures, and applications contact Margo Waterstraut, RN, at (517) 448-8543. ■

The authors are both on the Board of Directors for Camp Michi-MAC.

A physician's primer for managed care contracting

By Thomas M. Wolff and Robert J. Kardell

As managed care continues to grow in Michigan, it has become increasingly important for physicians to keep in mind several key points before they sign a managed care contract. First, virtually all managed care contracts developed by health plans are written to safeguard the plan's interests, not physicians' interests. Many managed care contract provisions may, in fact, be detrimental to physicians' interests.

Second, all terms of a managed care contract are negotiable. Depending on the amount of leverage a physician has, the physician may be able to get the managed care contract amended to address his or her concerns. The amount of leverage a physician has depends on many factors including:

- the size of the physician's group—generally the bigger the group, the more leverage
- the market share of the managed care plan in the physician's market
- the number of other physicians in the physician's specialty in the market

Third, it is essential for physicians to carefully read the entire managed care contract and to make sure they understand and agree to all of the provisions before they sign the contract. If contract language is ambiguous, it should be clarified. If it is not agreeable to the physician, the physician should attempt to have it changed.

Finally, physicians should engage in a cost-benefit analysis to determine whether to have a managed care contract reviewed by an attorney and a business advisor. If the contract covers a significant number of patients, the physician would be well advised to have the contract reviewed by an experienced and competent health care attorney. Physicians also may wish to utilize the attorney to negotiate changes with the health plan and may want the contract reviewed by an experienced and competent business advisor.

Managed care contracts raise many significant legal issues. Some of these issues are analyzed below.

Description of covered services

The contract should clearly describe the services the physician is expected to provide. If the covered services are not specifically listed, the physician may not be able to calculate whether a proposed capitated payment is reasonable. In addition the physician should carefully review the list to ensure that it includes only services the physician wishes to provide. For many contracts it is important to define the scope of service by CPT code, particularly for primary care and single specialty services.

Reimbursement

The contract should clearly state the method by which the physician will be compensated.

- **Fee-for-Service**—If compensation is based on fee-for-service, the fee schedule should be reviewed to ensure that the rates are acceptable. The physician also should make sure that the fee schedule is incorporated by reference in the contract.
- **Capitation**—If payment is based on capitation, the health plan should provide physician with statistics concerning the age, income, and other demographic factors of the plan's enrollees in order for the physician to determine whether the proposed rate is reasonable. The health plan should also provide the utilization assumptions and fee levels used to develop the rate. The physician also should attempt to negotiate a low-enrollment

guarantee under which physician would be compensated on a fee-for- service basis until the plan's enrollment with physician reaches a certain minimum number.

- **Risk Withholds**—If payment to physician is based on a risk withhold, it is important that the contract clearly delineate how the withhold arrangement works, i.e., what percentage of the physician's fee will be withheld and how much of the withhold can be paid back to the physician. In addition, the physician should find out whether the plan has regularly made distributions from the withhold pool to its physicians.
- **Risk Sharing**—If the contract includes a risk sharing model, it is important to clearly define the following items: the flow of premium dollars to various risk funds; the level of risk assumed for each fund; the responsibilities and timing of reporting; and the methodology for surplus or deficit distribution. Details of stop-loss coverage should be provided, and the contract should allow physicians the right to obtain this coverage from the market.

Billing and payment

If the physician is being paid on a fee-for-service basis, the contract should require the payment of the physician's fees within a specified number of days after the plan receives a "complete" or "clean" claim. The contract also should provide a meaningful incentive for the plan to comply with this requirement. Also, the information that must be submitted with the physician's claim to make it "complete" or "clean" should be specified.

If the physician is being paid on a capitated basis, the contract should provide that the plan will pay physician no later than the 15th day of the month for each of the physician's enrollees for that month. Again, meaningful financial incentives should be included.

Finally, it is important to specify how payment disputes between the physician and the health plan will be resolved and what appeals mechanisms are available for the physician.

Autonomy of professional judgment

The contract should contain a provision prohibiting the health plan from interfering with the physician's exercise of independent professional judgment. Breach by health plan of this provision would allow physician to terminate the contract.

Obligations of the parties

The contract should describe all professional services the physician will provide, including participation in utilization review and quality assurance activities, and should specify what compensation, if any, the physician will receive for performing these services. The contract also should clearly delineate all of the health plan's obligations.

Indemnification

Physicians should be particularly careful concerning indemnification clauses. Many of these clauses specifically require physicians to "hold harmless" the health plan; other indemnification clauses simply require physicians to be "exclusively responsible." Physicians should not agree to either of these provisions because they attempt to shift liability from the health plan to the physician, and most professional liability insurance policies exclude from coverage any liability assumed under contract. Thus, in the event of a lawsuit, a physician could be responsible to pay out of the physician's own pocket the plan's cost of defending a lawsuit and any liability incurred by the plan.

Insurance

All managed care contracts should specify the amount of professional liability insurance the physician is required to maintain. The contract also should require the health plan to maintain a minimum level of $1 million per

The physician would be well advised to have the contract reviewed by an experienced and competent health care attorney.

occurrence and $3 million aggregate of general liability insurance.

Termination without cause

Many managed care contracts allow either party to terminate the agreement for any reason simply by providing thirty, sixty, or ninety days written notice to the other party. While these provisions allow physicians the flexibility to easily escape an unfavorable arrangement, physicians should be wary of these provisions. Experience has shown that health plans are much more likely than physicians to exercise a termination without cause provision. This issue is particularly important if the physician has a relatively high percentage of patients covered by the health plan since immediate termination of the contract could have a devastating impact on the physician's practice.

Termination for cause

A managed care contract should specify the circumstances under which each party is allowed to terminate the agreement "for cause." The contract also should require the non-defaulting party to provide written notice of termination to the defaulting party. In addition, the defaulting party should have a reasonable period of time to correct the default. Finally, the contract should provide a quick and fair process (e.g., arbitration) for physicians to challenge a termination and provide that the physician may have an attorney represent him or her.

Utilization review /quality assurance

If the health plan is responsible for utilization review and quality assurance, the physician should carefully review the UR/QA procedures to ensure they are understandable and reasonable before signing the contract. Of particular importance, the UR/QA procedures should specify a fair process (e.g., an independent panel of peers) for appeal of an adverse UR/QA decision.

Promotion

The contract should require the health plan to list the physician as a participating physician in its provider directory. However, the contract should grant the physician the right to review all of the plan's marketing and advertising materials in which physician's name is used prior to their being published in order to ensure that the materials are accurate and appropriate.

Billing for non-covered services

The contract should allow physicians to bill patients for services not covered by the contract. In addition, the contract should permit physicians to bill a patient if they have advised the patient that the plan has determined that the proposed services are not medically necessary and the patient wants to receive the services nevertheless.

Access to medical records

It is reasonable for the contract to allow representatives of the health plan to review and obtain copies of its enrollees' medical records. However, the contract should provide that any review of enrollee medical records will be conducted during the physician's normal business hours and only upon advance written agreement between physician and health plan of a specified time. The contract also should specify that the health plan bears the cost of reproducing its enrollees' medical records.

Incorporation by reference

Many managed care contracts incorporate by reference health plan provider manuals, utilization review procedures and other documents. Physicians should be aware that documents that are incorporated by reference in a contract may impose considerable obligations on them. As a result, before physicians sign a managed care contract, they should carefully review all documents that are incorporated by reference to ensure they are reasonable. These

documents also should be attached to the contract as an exhibit.

Amendment

Many managed care contracts include language allowing the health plan to unilaterally amend certain contract provisions. Physicians should not agree to such language. Instead, the contract should provide that any amendments to the contract, including amendments to the documents that are incorporated by reference, must be agreed to in writing by both parties. If the plan attempts to unilaterally amend the contract, the physician should have the right to terminate the contract immediately.

Assignment

Many managed care contracts permit the health plan to assign its obligations to another entity. These provisions are dangerous for physicians because they could find themselves in a contractual relationship with a different entity that may not be financially viable, or that the physician may not want to be in a contractual relationship with for other reasons. As a result, physicians should ensure that the health plan is not allowed to assign the managed care contract unless physician gives his or her prior written consent.

Verification of eligibility

A managed care contract should require the health plan to provide the physician with a detailed written description of the procedure for verifying patient eligibility and coverage. The contract also should require the health plan to pay the physician for services rendered pursuant to a mistaken verification if the mistake did not result from the physician's failure to follow the verification procedures.

Arbitration

Physicians may want to include an arbitration provision in the contract because arbitration is usually quicker and less expensive than litigation. However, the agreement should provide that the physician will not be required to arbitrate a dispute in the event his or her liability insurance company does not agree to the arbitration proceeding.

Non-exclusivity

A managed care contract should not prohibit physicians from contracting with other health plans.

Definitions

The contract should clearly define all of the key terms including "covered services," "medically necessary," and "clean claim ."

Term

It is preferable for a managed care contract to have a definite expiration date, rather than automatically renew because then physicians can more easily renegotiate reimbursement and other key issues. If, however, the contract automatically renews unless notice of intent not to renew is given, a provision should be included for automatic annual renegotiation of the payment rates at least ninety days prior to the anniversary date.

Conclusion

Managed care contracts raise major legal and business issues. As a result, if a contract covers a substantial number of a physician's patients, it would be prudent for the physician to consult both a competent health care attorney and a competent business advisor before signing the contract.

Michigan Medical Advantage has helped many physicians and physician organizations negotiate managed care contracts that safeguard physicians' interests. MMA has secured major changes in the compensation, scope of services, indemnification, and other key con-

continued on page 60

CHOICE OF PROVIDERS

MAKES ALL THE DIFFERENCE.



Whether it's the family doctor, the neighborhood pharmacy, or the specialist who came highly recommended, MESSA members have their choice.

MESSA understands the importance of choice, and provides access to health care providers throughout Michigan who offer our members quality, cost saving medical care.

MESSA
MICHIGAN EDUCATION SPECIAL SERVICES ASSOCIATION

For information about MESSA participating provider network or MESSA-sponsored health benefits for school employees, call 800.292.4910.

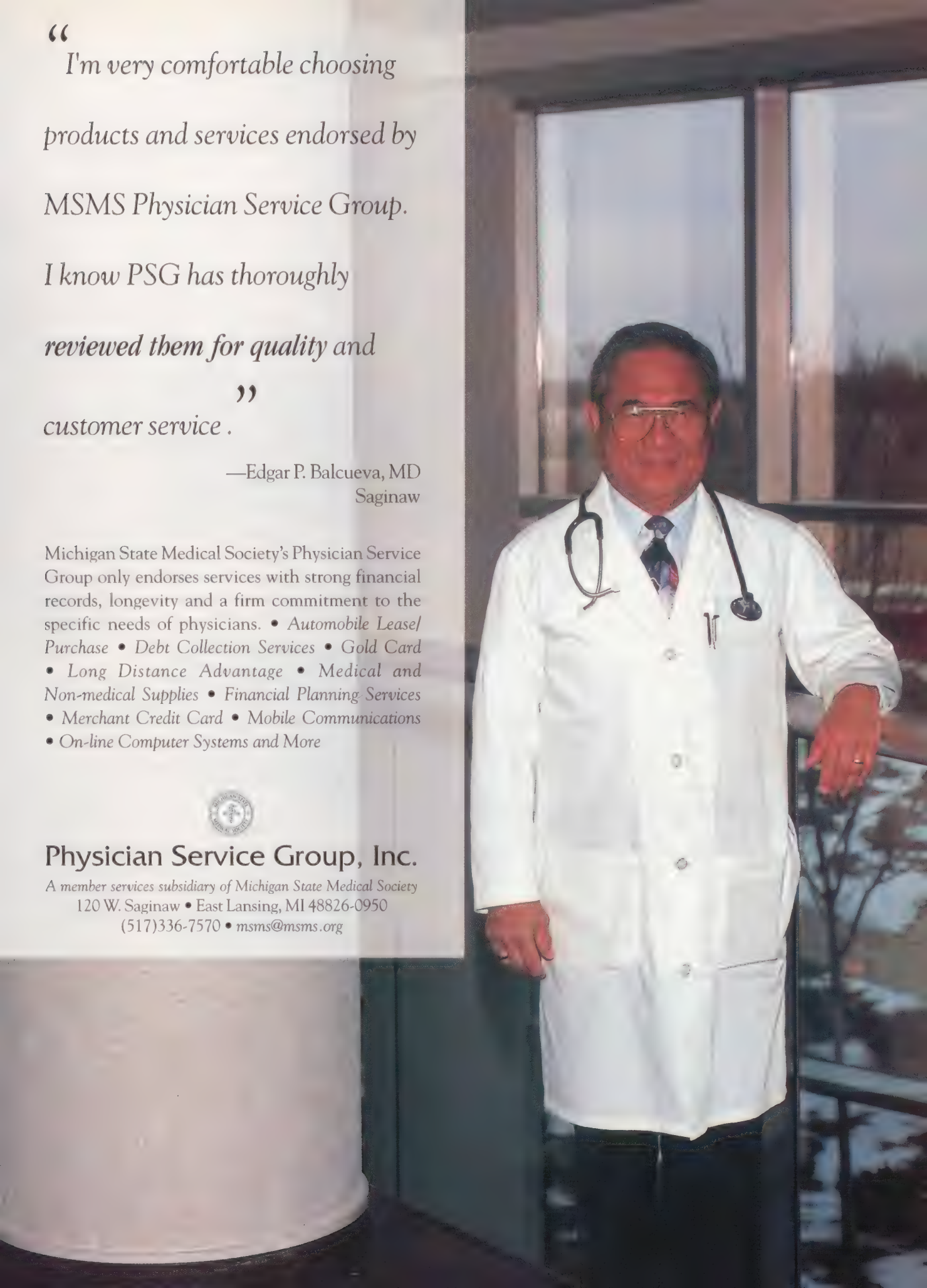
"I'm very comfortable choosing products and services endorsed by MSMS Physician Service Group. I know PSG has thoroughly reviewed them for quality and customer service."

—Edgar P. Balcueva, MD
Saginaw

Michigan State Medical Society's Physician Service Group only endorses services with strong financial records, longevity and a firm commitment to the specific needs of physicians. • *Automobile Lease/ Purchase* • *Debt Collection Services* • *Gold Card* • *Long Distance Advantage* • *Medical and Non-medical Supplies* • *Financial Planning Services* • *Merchant Credit Card* • *Mobile Communications* • *On-line Computer Systems and More*

Physician Service Group, Inc.

A member services subsidiary of Michigan State Medical Society
120 W. Saginaw • East Lansing, MI 48826-0950
(517)336-7570 • *msms@msms.org*



MSMSNET a "Hit"

By William R. DeCourcy, Jr.

Since the creation of MSMSNET in 1995, MSMS has monitored a series of statistics to chart the growth of the use of our Internet homepage. As part of our year-end reflection on the MSMSNET project, these statistics were examined to determine the success of MSMS's Internet offerings. As shown below, the statistics collected highlight the growth in the popularity of MSMSNET, as well as our success in providing relevant and up to date information on the homepage.

Four series of statistics are used to examine activity on MSMSNET, in order to provide the clearest view of usage patterns on the homepage:

■ **Number of Hits to the Homepage** indicates the number of times per month Internet clients (software programs that retrieve information from the Internet, such as Netscape or Internet Explorer) ask for information from the "front page" of MSMSNET. Each "hit" represents a request for a graphic, text article, or computer file. This number is used as an overall indicator of interest in MSMSNET. Monthly homepage hit information for the past 28 months is summarized in **chart one.** As demonstrated in this chart, use of MSMSNET has continued to increase since its introduction in 1995, with a strong increase in use seen in the 1997-1998 holiday period. Many physicians purchased new computer systems during this period, and had additional time to "surf the net."

■ **Number of Hits to MSMSNET** indicates the number of times per month Internet clients ask for information from the entire Internet site. This number also allows us to track interest in viewing MSMSNET. Monthly total hit information for the last 28 months is summarized in **chart two.** As noted above, each hit represents one request for information from MSMSNET. In May 1997, MSMSNET was redesigned in order to streamline information access for users of the Web site. This new efficiency is reflected statistically, as beginning in May 1997, the total number of hits to MSMSNET fell dramatically, while other statistics continued to rise. This indicated that our streamlining project was a success – Internet users have continued to use MSMSNET, but now they are required to download less information to do so. This results in faster surfing and less time waiting for information to appear on your computer's screen.

■ **Number of User Sessions on MSMSNET** allows MSMS to track the number of users who visit our Internet site each month. This is the most accurate statistic of the four reported here, and the most accurate reflection of overall use of MSMSNET. Monthly user information for the past 23 months is summarized in **chart three.** As of December 1997, nearly 7,000 users per month were accessing information from MSMSNET.

■ **Average Time Spent Browsing MSMSNET** is an approximation of the total time an Internet user spends looking at information on MSMSNET before they move on to a different resource. This statistic allows MSMS to track the depth of the content on the homepage. Monthly browsing time for the last 15 months is summarized in **Chart four.** Again, the changes in MSMSNET implemented in May 1997 caused a dramatic rise in the amount of time spent searching

chart one

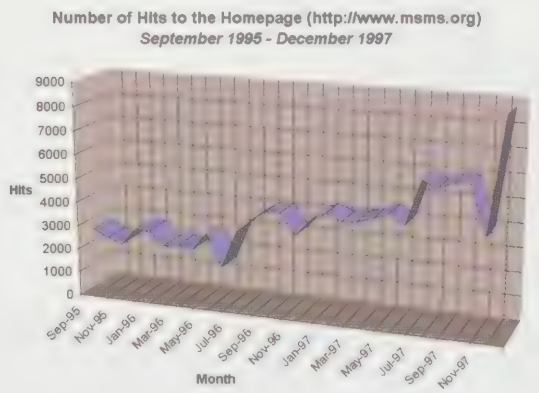


chart two

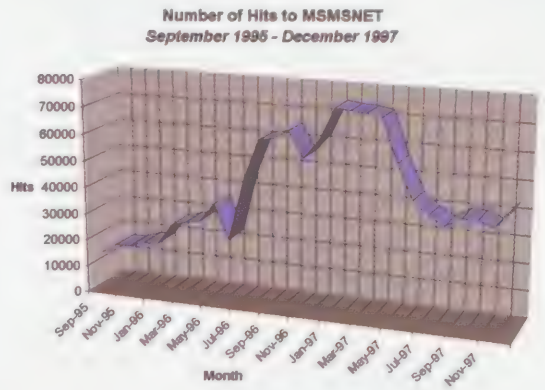


chart three

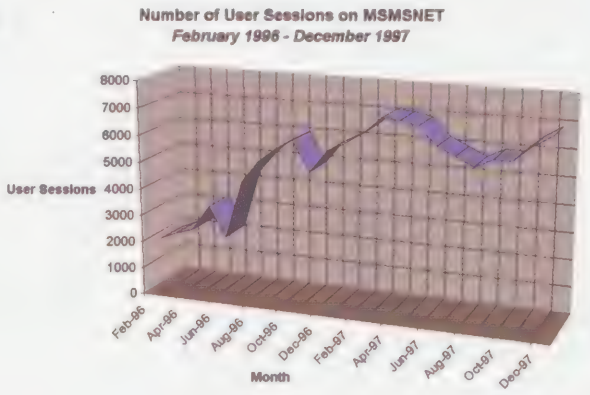
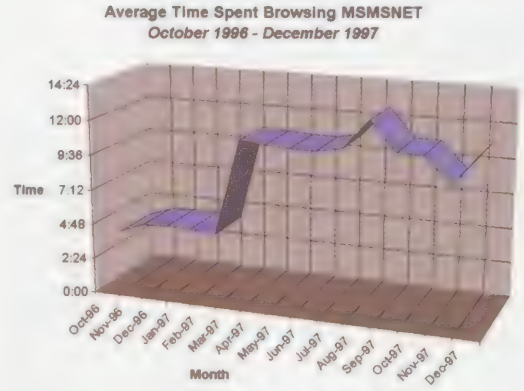


chart four



MSMSNET for information, as our online information became easier to access, and more timely. As of December 1997, each of the nearly 7,000 users visiting MSMSNET spent an average of over 10 minutes browsing the information provided by MSMS. Most Internet sites receive an average of less than one minute browsing time per user visit. MSMSNET's success in this area is a reflection of our commitment to keeping our online information fresh, timely, and useful for our members.

If you are not currently one of the many physicians who rely on MSMSNET for medical news and information about your medical society, or if you have questions about computer hardware, software, or Internet connections, please contact William Decourcy at (517) 336-7575, or wdecourcy@msms.org.

To comment on MSMSNET, contact Margot Kielhorn, MSMS chief of Electronic Communications, at (517) 336-5724 or mkielhorn@msms.org/ ■

The author is chief of Internet Services for MSMS.

Beginning soon, this space will feature a "Question of the Month," where a computer-related question submitted by a MSMS member will be answered. If you have a question you would like answered, please send it to me at wdecourcy@msms.org, or call (517) 336-7575. All questions will be answered, with the first highlighted in an upcoming column.

James Waun, MD

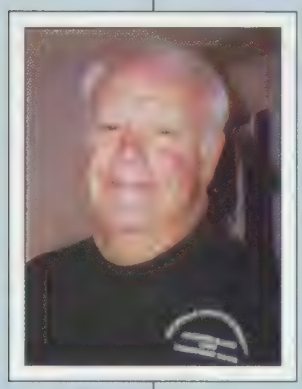
Mixing business with pleasure

By Lisa Weatherford

James Waun, MD, began his medical career as a family practitioner in the small town of Big Rapids. But change was in his blood. Now, almost 40 years later, creating a template for change is a personal challenge.

After a few years in Big Rapids, Doctor Waun decided to specialize in anesthesiology. Then it was on to a teaching position at the University of Wisconsin, Madison and later back to Michigan where he again sought the small-town pace in Ludington. It was there he found his passion, medical ethics.

"I moved to Ludington because I thought I wouldn't be as busy as my friends in big cities. But after I was there awhile I began working in nursing homes. Then I started a hospice, because from working in nursing homes I found out how really difficult end-of-life decisions are."



Doctor Waun

One hectic schedule

The hospice, now one of the most successful in the state, is a perfect compliment to Doctor Waun's continuing work. Co-chair of the MSMS's Bioethics Committee and member of Sparrow Hospital's Ethics Committee, the "almost" 65-year-old obstetric anesthesiologist maintains a full schedule while pursuing a Ph.D. in philosophy, a subject he says "nurtures my soul." His dissertation, titled "A Theory of Integrity in Medicine," offers a solution to such medical ethics dilemmas as assisted suicide. According to Doctor Waun, his theory looks at all of the arguments and "provides a method for both sides to talk about it."

"With me the decision is less important than the consideration of the options. I don't care where a person sits on the subject, the decision should be carefully considered."

The challenges of medicine

Despite the serious nature of medical ethics problems, however, Doctor Waun says a more important issue faces medical care providers right now. That issue is change. "The medical profession must assume responsibility for changing the way we deliver health care for every one who needs it. And we must do it in a forthright and straightforward way that provides for fair distribution."

Doctor Waun says this *is* possible if the profession changes the way it is perceived and the way it is purveyed. "We see medicine as a consumer good, a product. We should see it as a public good, like fire or police protection." And he adds, physicians have to change the way they provide the "public good."

"I think many physicians don't realize how they treat patients. They don't realize it is in their own best interest to provide service. A patient with questions or concerns will call the doctor. They will call and call and maybe even show up at the office and wait. So it is in the best interest of the doctor to provide the service, to address the patient's concerns right from the start."

Let the fun begin

With all of this theoretical contemplation, it is difficult to imagine what non-medical passtimes would interest such a man. Says Doctor Waun, "medicine pays the bills, medical ethics challenges my intellect and then I have fun and *play*!"

And play he does. A baritone player since high school, over the years Doctor Waun has joined a number of bands, both local and in the Ludington area. The Lansing Concert Band, the Pentwater Civic Band, and the Meridian Community Band are three one might expect. Then there's the comic relief, the Scotville Clown Band, to which Doctor Waun has belonged for 30 years. The group plays 55 times each summer at different events throughout the state.

Chances are if you seen a good-sized parade, you've seen Doctor Waun clowning around.

Doctor Waun also took up tennis at the age of 60 and regularly plays with a group of friends. "Most of them are retired," he concedes, adding "I'm the youngest."

Even as he approaches a time in life where most look forward to cutting back, a full life and a full schedule epitomize how Doctor Waun perceives his own journey. "Life is a do-it-yourself project. I don't know if I said it first, but I say it a lot. I am content with my life so far, but I am restlessly looking for new challenges and new things to pursue. And I am very fortunate to be able to pursue the things that interest me." ■

The author is a East Lansing-based freelance writer.



Doctor Waun marching with the Scotville Clown Band in Owosso at the Curwood Festival.

"Medicine pays the bills, medical ethics challenges my intellect and then I have fun and *play*!"

"Back to sleep" campaign a success

SIDS rates drop due to information, education

By Sandra J. Frank, JD and Theresa M. Covington, MPH

The death of a child to Sudden Infant Death Syndrome (SIDS) is a tragedy that is still poorly understood. But, recent efforts to encourage parents to put their babies to sleep on their backs parallel a 30 percent decline in SIDS deaths in Michigan and almost a 50 percent decline nationwide. SIDS is the leading cause of death among infants one month to one year of age. SIDS is defined as "the sudden death of an infant under one year of age that remains unexplained after a thorough case investigation, including a complete autopsy, examination of the death scene, and review of the clinical history."

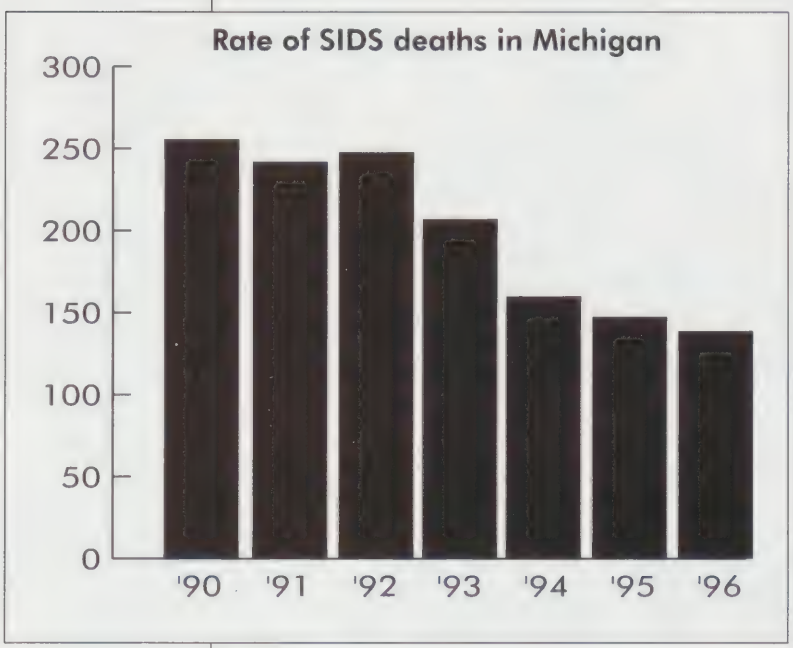
SIDS is neither predictable nor preventable. However, we now know that there are a number of factors that seems to put a baby at a higher risk of dying from SIDS. These include prone sleeping, exposure to smoking, mothers who are less than 20 years old at the time of their first pregnancy, babies born to mothers who had no or late prenatal care, and premature or low birth weight babies.

In 1992, the American Academy of Pediatrics (AAP) responded to international research that suggested an association between SIDS and prone sleep patterns. The AAP joined forces with NICHD and the SIDS Alliance to implement an aggressive national public health campaign to educate the lay and medical communities about infant sleep position. This campaign, entitled "Back to Sleep" was launched in July 1994, and targeted physicians, health professionals and families with the "Back to Sleep" message and information on the six major risk factors.

Since implementing the campaign, Michigan has experienced a 30 percent decline in the number of SIDS deaths.

While we still cannot predict which newborns will succumb to SIDS, the risk factors identified in the "Back to Sleep" campaign offer a few measures parents can take to lower the risks:

- **Parents and caregivers should put healthy babies to sleep on their backs.** Studies in countries with aggressive sleep position campaigns have not found any evidence of increased risk of choking or aspiration. However, the AAP recommendations are intended for healthy infants only. Some conditions might warrant prone positioning: gastroesophageal reflux, certain upper airway anomalies that predispose to airway obstruction, and other illnesses may be indications for prone sleep position.
- The AAP also stresses that its recommendations for supine positioning are limited





Advertising poster for the "Back to Sleep" campaign.

to sleep periods. Periods of prone position are recommended during supervised wake periods for development purposes and to avoid flat spots from developing on the back on the occiput.

- There is a significant link between smoking and SIDS. No smoking during pregnancy and the infant should be kept in a smoke-free environment.
- Good prenatal care and frequent medical check-ups early in the pregnancy many reduce the risk of SIDS.
- The AAP has expressed increased concern about the potential for gas trapping in soft sleep surfaces and discourages their use during infancy. Infants should sleep on a firm mattress or other firm surface. Infants should not be placed to sleep on a waterbed, couch, pillow, sheepskin, blanket, or other soft surface. Similarly, soft materials, including stuffed toys should not be placed in the infant's sleep area.
- If possible, mothers should breastfeed. There is some evidence to suggest that breastfeeding might reduce the risk of SIDS.
- Babies should be kept warm, but should not be allowed to get too warm. An overheated baby is more likely to go into a deep sleep from which it is difficult to arouse. The temperature in the baby's room should feel comfortable to an adult. Overdressing the infant should be avoided.

Physicians working with new families can offer the support and guidance necessary to encourage parents to change old habits. Prone sleeping has long been the preferred method in this country. Physicians should also keep in mind that SIDS cannot be prevented, only the risk factors can be minimized. Many families will follow all of the guidelines related to risk reduction and still experience the tragedy of a SIDS death. But as more families change their habits, the day may come when SIDS is but a distant memory. For more information, contact the Michigan SIDS Alliance, a non-profit organization that provides SIDS information, training, and bereavement support for families, at (800) 331-7437; or contact the National SIDS Resource Center at (701) 821-8955. ■

Ms. Frank is with the Michigan SIDS Alliance and Ms. Covington is with the Michigan Child Death Review Program.

STAYING AHEAD FINANCIALLY



Reimbursement tips for a changing environment

Physicians' primary goal is to give good care to their patients. But like other managers in changing times, they face big challenges to achieving their goals. Major national stressors for all professionals today, experts report, are time and money. MSMS leaders, participating in strategic planning sessions this past summer and fall, agreed, ranking reimbursement/revenue problems as second on their list of concerns, right behind autonomy as physicians.

How reimbursement revisions may change the way you practice medicine

By Donna Kondek

Perhaps you are your own boss, and your ability to pay your staff and maintain your office is contingent upon how well you manage finances. Or maybe you practice in a group setting, in which you have a substantial interest or where there is pressure on you to earn income. Possibly your group practice is getting ready to negotiate a contract with a health plan.

Maybe you keenly anticipate the next financial challenge that rears its head in the medical-practice business climate. Or maybe your belief is: "I like the way things are now. Why change?"

Wherever you stand, a far-reaching passel of developments evolving now will directly or indirectly affect your ability to earn a living by practicing medicine. Profits are being squeezed for everyone in the health care delivery or payment chain. Some analysts predict the insurance business will soon enter a phase in which purchasers will see their premiums increase and consequently will pay even closer attention to that cost. Cost pressures exerted by purchasers on health plans are likely to translate into even greater cost pressures on the physician community, while some physicians don't believe they've received any reward *yet* for already having done a good job of eliminating wastefulness and implementing best practices. There is greater accountability for clinical and financial management. More services are being demanded, directly and in the administrative tasks that the physician or office staff must perform.

"Physicians' livelihoods likely will increasingly depend not only on the actual service they deliver but also on their performance in areas like patient satisfaction."
Douglas Woll, MD, Select Care

How could this affect you?

Enrollment in managed care plans in Michigan is expected to increase. Executives like Greg Forzley, MD, medical director of Priority Health in Grand Rapids, strive to make physicians aware of, but not overwhelmed by, the relationship between their intended treatment for a patient and the expenses of providing that care. Representatives of health plans are calling for physicians to work with these plans instead of fight them and share the information that can assist all the players in scrutinizing the costs of patient care and any areas that could improve.

Some circumstances in other states may begin trickling into Michigan. These include more care being delegated to mid-level practitioners; primary care physicians no longer being the gatekeepers in managed care; and a swing away from capitation toward fee-for-service payments for primary care providers (while the opposite occurs for specialists).

"Physicians' livelihoods likely will increasingly depend not only on the actual service they deliver but also on their performance in areas like patient satisfaction," predict spokesmen like Douglas Woll, MD, medical director of Select Care in Troy. Doctor Woll says his company "is embracing the pay-for-performance concept: paying more money to physicians who deliver good value and quality, and less to those who don't measure up." Physicians' ability to participate in health plans may eventually be based on their performance and outcomes.

Be aware of lurking reimbursement changes

More physicians are exploring group practice. Some physician organizations are forming their own contracting arrangements with employers. Although there is greater movement toward capitation as a payment method, it is accompanied by the realization that there is no single, perfect strategy by which to reimburse all doctors, so experimentation with various payment methodologies and combinations of them will continue. Physicians must increas-

ingly examine their understanding of and comfort level with the different reimbursement methods in relation to their abilities to manage a larger population of patients more effectively and to judge the fairness of how the premium dollar gets divvied up.

Physicians want to use their training and devote their time to caring for the individual patient sitting in front of them in the exam room, but all these seemingly disparate trends and issues are impacting against the walls from outside. Although many of the changes are viewed as onerous to implement and comply with, they aren't going to "go away." So physicians need to plan now more than ever just how they want their practices to run.

While the physician is responsible for knowing regulations and guidelines and maintaining practice standards, he or she can depend on a team of clinical and management staff to help create, carry out, and enforce office procedures. Obviously, if the staff understands the physician's expectations, and the everyday aspects of the practice run smoothly, that helps to take care of basic reimbursement activities.



Clyde Flory, MD, and his office manager Reneé Anderson discuss coding changes.

Where to turn for help

One essential safeguard for your future is to use the resources available now to provide training, to ensure your staff can capably handle the responsibilities given them. Educational programs exist to help accomplish this.

The Michigan State Medical Society (MSMS) this year is launching a new medical business specialist program. Specifically designed to assist physicians (solo or group practitioners) with "non-clinical" business staff development, the program provides a solid grounding in medical office practices for new employees and keeps long-timers up to date. Deborah Zannoth, MSMS chief of Professional Development, explains that "although the program is designed as 10 courses leading to a certificate, any participant can instead take individual courses as needed. The information taught is specific to Michigan. Instructors will be available to answer questions or provide updates for participants throughout the year."

Another way to protect your future is to be informed and be sure that staff members are too. The revised documentation guidelines for Evaluation and Management services are challenging to use. "Some trend-watchers warn that the increase in audits of teaching hospitals may trickle down, resulting in more audits being done on group practices," reports Joyce A. Nurenberg, MSMS reimbursement ombudsman. MSMS offers a coding and documentation seminar to assist doctors and staff with understanding recent major changes to the

"Your records must be in the format that auditors and payers want, in order to withstand an audit or challenges that you've overcoded."

Joyce A. Nurenberg, MSMS reimbursement ombudsman

"Risk contracts are being created to favor those offering the contracts over those physicians signing them, who often must accept a contract anyway when it's 'the only game in town.'"

Dexter Shurney, MD, BCBSM

guidelines and to assist with creation and use of appropriate systems in the office. "Although coding properly does not mean a practice is going to get paid more, it is important to the continuing function of a practice in terms of reimbursement and beyond," says Nurenberg. "Your records must be in the format that auditors and payers want, in order to withstand an audit or challenges that you've overcoded, and to avoid penalties or having money taken back by payers."

Maybe your office already is up to speed and running smoothly, and you don't worry about this aspect of the practice. Possibly you're in a group practice that is looking at the new contracting and compensation arrangements. "Risk structures that are being created now tend to be more constrained than previously, with increasingly narrowing margins," maintains Dexter Shurney, MD, medical director of Blue Cross Blue Shield of Michigan. "Risk contracts are being created to favor those offering the contracts over those physicians signing them, who often must accept a contract anyway when it's 'the only game in town,' " he adds.

Planning is critical

"Physician groups need to plan carefully be-

Avoid the common pitfalls of new contracting

How MMA can assist physicians

A major goal of Michigan Medical Advantage (MMA) is to help the physician community be successful under new types of payment and contracting arrangements. MMA has the on-staff expertise and resources to help physician groups avoid common pitfalls in any area, from managing practice data to negotiating a contract.

How does MMA work for you?

"Under a capitation arrangement a health plan can perform some of the following internal analysis for your practice, but the more you can do on your own, the greater your clinical autonomy, share of the premium dollar, and chance of success," says Robert Kardell, MMA's manager of Capitation and Rate Development. This initial step includes analyzing both the clinical and financial/administrative costs of doing business in your group. On the clinical side, you need the ability to produce encounter data and should develop utilization and quality management policies appropriate for medical decision making. On the financial side, you need to determine your requirements for funding operating costs and reserves. You'll need to develop a budget, and be able to review claims, reconcile capitation payments, track stop-loss insurance, determine incurred-but-not-reported (IBNR) claims, and have a means to allocate and distribute the capitation reimbursement.

"Establishing contracting parameters for different types of capitation is also crucial at this stage," Kardell adds. "For primary care physicians, factors that adjust the capitation to provide fairer distribution of reimbursement based on the age and sex of enrollees are a must, as are full details of the scope of the service the doctors are responsible for. Specialists need to have enough enrollment and utilization volume to make their participation worthwhile. And the incentives must be aligned over the entire scope of care and between the primary care providers and specialists, so both have opportunities for rewards and risks. You also need to examine the details of the risk model for hospital, pharmacy, and ancillary services.

fore entering these new arrangements," advises Robert Kardell, manager, Capitation and Rate Development with Michigan Medical Advantage (MMA), MSMS's and MPMLC's management services organization. "Under capitation arrangements, there are definitely more complex issues involved than in the typical fee-for-service contract," he notes. "We've met with more than 10 health plans in the state, and we've always found issues with both the contract language and the compensation model that we feel need to be adjusted." One of MMA's chief concerns is that newly formed physician groups negotiating on their own are signing those contracts "as is," Kardell asserts. (See the sidebar for more information.)

To help physicians succeed in this arena, a reimbursement-related educational program on capitation and managed care contracting is available, presented by MMA specialists. MMA also conducts presentations on the basics of capitation for the physician groups it's working with.

"When making any major change in your business — including being bought out, merging, or entering any formal relationship — also study your potential partner's organizational culture and 'climate,' " recommends Patricia Nevala, a practice management consultant

"Finally, just as the MSMS and the AMA advocates at the policy, governmental, and payer level for fair reimbursement practices, it's important for every physician to participate in advocacy efforts too."
Mark Kolins, MD, chair, MSMS Legislative Policy Committee and MSMS Board of Directors



"A group must also do the following when evaluating a contract in the marketplace: review contract language thoroughly, with an eye on conditions (like the timing of payments) that will impact your finances; examine the impact on your practice of the different benefit plans that the health plan offers; determine the scope of services being covered; compare contract elements with benchmarks from different plans; and track the flow of funds through risk models, scrutinizing how the health plan sets its premiums and whether too much of the premium is spent on administrative costs."

Watch your losses

Physician organizations should also carefully regard risk management considerations during the evaluation of any contract. Mr. Kardell notes that MMA has found that many of these areas are not being fully addressed. To help reduce your chance of losses, determine your needs or limits in these areas: stop-loss coverage, minimum enrollment thresholds, risk corridors, contingency reserves, demographic adjustment factors, a floor for a percent-of-premium cap, and carve-outs or sub-capitations for services that are not covered by your practice.

What does your practice need?

MMA has many additional guidelines for determining what your practice needs and for the information that should be shared with you and subject to negotiation, ranging from the assumptions on which a capitation rate is based, to ways to compare that rate against what you'd earn under a regular fee schedule, to how a surplus or deficit would be allocated in various types of risk models. If a fee-for-service arrangement will be a significant part of your risk sharing contract, MMA has developed tools for fee-schedule evaluations based on relative value (RBRVS) and conversion factor analysis. If your group has done its homework of determining a budget and its cost of doing business, you'll have a better idea of whether you should accept or reject a contract based on either a capitation proposal or the health plan's fee schedule. ■

". . . We've met with more than 10 health plans in the state, and we've always found issues with both the contract language and the compensation model that we feel need to be adjusted."

Robert Kardell, manager, Capitation and Rate Development, MMA

based in Grand Rapids. "Spend the time up front to ensure you can live with whatever arrangement you're getting into and that the participants' philosophies will be compatible in how decisions are made, how care is delivered, and how much control you'll have or need to give up," she adds.

"A growing number of practices are tapping outside expertise, such as accounting firms that not only provide accounting services but also help manage overall financial flow," says Bryce Docherty, executive director of the Michigan Medical Group Management Association (MMGMA). Others rely on their group practice administrators and managers to attend their own professional meetings, learn from speakers and by networking, and bring back ideas and perspectives to share with physicians on ways to address reimbursement- and revenue-related concerns.

Many practice managers in tune with the health care climate in Michigan agree that more care needs to be delegated to less-expensive mid-level providers, who can free the physician up from some routine duties in order to spend more time on new patients and complicated cases. They acknowledge this concept isn't popular with many physicians, who don't want to give up their professional relationship with patients, but suggest it is a financial necessity that can be accomplished with proper management. One key to using mid-levels most advantageously, practice managers add, is physician acceptance of this transfer of care, coupled with the doctors' educating and encouraging patients to develop a trusting relationship with these other providers as well.

Practice managers also suggest marketing what you do well to the doctor "down the street" (for instance, offering your billing services to other physicians); finding an unfilled niche; being the first to offer new technology (rather than worrying about how it may cut into your current practice); and tapping into sources of revenue that are non-conventional and/or independent from the insurance reimbursement system, perhaps by providing services that many patients are willing to pay for, such as complementary (sometimes called "alternative") medicine.

Why change is necessary

Although it's human nature to dislike change, question the need for it, and be unwilling to change unless a crisis forces it, physicians who succeed will be those willing to consider how to apply new ideas in their practice, medical group managers predict. But those ideas are not the only way to increase revenues, emphasizes Ms. Nevala, president of Innovative Practice Concepts. "Physicians still need to pay attention to the nuts and bolts of practice management, such as making sure they are collecting appropriately from insurance companies and patients, as well as keeping their office expenses in control," she concludes.

"Finally, just as the MSMS and the AMA advocate at the policy, governmental, and payer level for fair reimbursement practices, it's important for every physician to participate in advocacy efforts too," observes Mark Kolins, MD, chair of the MSMS Legislative Policy Committee, and MSMS Board of Directors. While the MSMS engages in its yearly battle to make sure the Medicaid budget is adequately funded and the AMA is active in federal discussions about Medicare and Medicaid reimbursement, individual physicians must stand up for themselves as well. Individual efforts may range from working with the medical society's reimbursement ombudsman in challenging a payer's bad decision, to writing to federal agencies to protest policy changes that affect reimbursement, to participating in coalitions of community and business leaders in order to help publicize the factors — besides just what doctors are paid — contributing to high health care costs. ■

The author is a Haslett-based freelance writer.

Michigan State Medical Society

Seminars and Workshops
For Medical Office Personnel

The MSMS Center for Physician Education and Leadership is delighted to announce three seminars in a series of seminars and workshops for the newly developed Medical Business Specialist Program (MBSP.) The MBSP is a professional development certificate program exclusively designed for medical office personnel. The certification program is a challenging series of interesting and practical courses for those employed in a medical office.

CENTER FOR PHYSICIAN EDUCATION & LEADERSHIP

How to Improve your Office and Reception Skills

Tuesday, March 24, 1998 Dearborn Inn, Dearborn
Thursday, March 26, 1998 Western Michigan University
Grand Rapids Regional Center

Registration: 8:30 am
Program: 9:00 am - 4:00 pm

Employee of a member - $129
Employee of a nonmember - $179

Instructor: Julie Pollex, *Pollex Consulting*

Medical Terminology

Monday, March 30, 1998 Dearborn Inn, Dearborn
Thursday, April 2, 1998 Amway Grand, Grand Rapids

Registration: 8:30 am
Program: 9:00 am - 4:00 pm

Employee of a member - $129
Employee of a nonmember - $179

Instructor: Julia Pollex, *Pollex Consulting*

Anatomy & Physiology

Tuesday, March 31, 1998 Novi Hilton, Novi
Friday, April 3, 1998 Amway Grand, Grand Rapids

Registration: 8:30 am
Program: 9:00 am - 4:00 pm

Employee of a member - $129
Employee of a nonmember - $179

Instructor: Thomas C. Payne, MD

Michigan State Medical Society Medical Business Specialist Program

Name _____

Practice/Organization _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

E-mail _____

Registration Fees: $_____Employee of MSMS member

$_____Employee of non-member

Payment Method: ❑ Check payable to MSMS
❑ VISA ❑ MasterCard

Card Number _____

Exp. Date _____/_____ Total Amount $_____

Please register me for the following location(s):

How to Improve your Office and Reception Skills
- ❑ Tuesday, March 24, 1998-Dearborn
- ❑ Thursday, March 26, 1998-Grand Rapids

Medical Terminology
- ❑ Monday, March 30, 1998-Dearborn
- ❑ Thursday, April 2, 1998-Grand Rapids

Anatomy & Physiology
- ❑ Tuesday, March 31, 1998-Dearborn
- ❑ Friday, April 3, 1998-Grand Rapids

❑ **Onsite Program Information**

Mail Payment and Registration to:
Michigan State Medical Society
Attn: Registrar
120 W. Saginaw, PO Box 950
East Lansing, MI 48826-0950

♿ ❑ Please contact me regarding special accommodations.

Terry Wortz, MD

A working sabbatical

By Ralph D. Ward

You are a successful internist, well established in a respected group practice in a major Michigan city. Your next career move? How about taking a year's sabbatical to travel halfway around the world, bringing needed health care and education to a poor country where physicians are paid about $100 a month?

"It took a lot of soul searching . . . all I can say is that I love these people" says Doctor Terry Wortz of Battle Creek. Wortz, an internist, has practiced in the city for 13 years, and is partner in a three-physician internal medicine group, which includes his brother Gary Wortz, MD. Come February, though, Doctor Wortz will pack it all in, leaving on a year-long medical teaching sabbatical to the former Soviet republic of Kazakhstan.



Doctor and Mrs. Wortz on a previous trip to Kazakhstan.

Though long involved in local charitable and church activities, Doctor Wortz had not considered such a radical lifestyle change until his first visit to the region last year. "I was in Kazakhstan for two weeks last March, bringing back a baby who had come to the United States for heart surgery. His father was a Kazak physician." However, Doctor Wortz's visit was not a happy one: the baby had died due to complications, and Wortz was bringing home the child's body and personal effects. While visiting with the grieving family, Doctor Wortz also gained an update on the state of medical care in the country, and a brief tour of some health care facilities. What he saw would haunt him.

History of Kazakhstan

Kazakhstan was one of the last of the Soviet states to break away from the failing Soviet Union in 1991. Despite great potential mineral and oil riches, it has struggled to build an independent economy and infrastructure out of rural poverty. Wedged between Russia to the north, China, and the Caspian Sea, Kazakhstan has suffered from conquest and exploitation for centuries. The land itself is harsh, near Siberia, with winter temperatures of 20 and 30 degrees below zero. The native people, primarily Kazak Moslems, were historically nomads in their region, but were forced into cities and collectives starting under Stalin in the 1930s. The nation's 17 million people are spread out over a million square miles, though population is concentrated in the major cities of Alma-Ata and Qaraghandy.



(left to right) Joyce Chellis, RN, Renee Wortz, and Doctor Wortz in Kazakhstan.

Doctor Wortz discovered that independence has also been painful for Kazakhstan on the human scale. In the major city of Qaraghandy "the infrastructure is deteriorating rapidly" he observed. "All of the medical labs are closed in the city, and the hospitals are closing." As noted above, doctors are paid at best the equivalent of $100 per month, but even at that rate "many haven't been paid for six months, and work as cab drivers to make a living." In Qaraghandy "there is no electrical power in the daytime, and not much at night. The hospitals are unheated, and I had to examine patients with my topcoat on."

Despite the conditions, after he left Kazakhstan in 1997 Doctor Wortz couldn't get the country or its people out of his mind. "The Kazaks are a lot like Americans. They're gregarious, outgoing, entrepreneurial, and happy to be free." Still, "people are dying for lack of iron, vitamins and penicillin. I knew that a minimal effort on my part could make a big difference."

Time to make a difference

Yet Doctor Wortz's "minimal effort" has brought a major personal commitment.

In mid-February he and his wife will leave Battle Creek for a year's medical mission to the city of Qaraghandy. Doctor Wortz will organize a teaching clinic for badly needed primary care practitioners. He also will try to build up a new private hospital, which is the first in the country. The hospital can surely use his aid. "Only one room in the hospital is heated now—the pediatric unit. The took the electric heating element out of a furnace, sat it on a cement block in the middle of the room, and attached bare wires to the leads."

"There are a lot of health care horror stories in Kazakhstan. It costs a lot to go, but money was never a big motivator in my life."

Doctor Wortz is even responsible for raising his own funding for the tour, making the rounds of local churches and organizations, including Lions and Rotary clubs. (Donations are also being accepted through the Battle Creek Area Youth For Christ, 360 Capitol Ave. NE, Battle Creek MI 49017). Doctor Wortz's partners in his practice have been supportive of his trip, as has his family. Of his two grown children, "my daughter initially cried, but then decided that what I was doing was worth it. My son said he was really proud of me—and then asked if he could have my stereo!"

What motivates a successful physician to take such a step beyond caring, to put his life on hold for a year of difficult service in the antipodes?

"There've been a lot of sleepless nights, when I lie awake and ask myself why I'm doing this" jokes Doctor Wortz. "Why leave behind a $160,000 a year practice? But then I get a card or letter from some people over there reminding me why. There are a lot of health care horror stories in Kazakhstan. It costs a lot to go, but money was never a big motivator in my life." ■

The author is a Riverdale-based freelance writer.

"There is no electrical power in the daytime, and not much at night. The hospitals are unheated, and I had to examine patients with my topcoat on."



Pediatric hospital laboratory, Kazakhstan. This is the sum total of all of their reagents and dyes. This lab must service 40,000 children.



Pediatric hospital, Kazakhstan. This is where specimen containers are washed.


LTC
means
TLC
Long Term Care
coming soon as a new
member benefit
S&W
Stratton, Cheeseman & Walsh, Inc.
The Physician's Insurance Agency
517-351-5780 or 1-800-968-4929
Stratton, Cheeseman & Walsh is
the endorsed insurance agency of
the Michigan State Medical Society

Area hospital receives a "breath of fresh air"

MSMS Foundation grant provides funds for war on tobacco

By Colleen M. Horton

Alpena General Hospital (AGH) physicians are waging a war—"Tar Wars." With the assistance of a $3,500 grant awarded to them by the Michigan State Medical Society Foundation they will be able to continue to fight that war for another year.

"Tar Wars" originally began in 1994 by the non-profit National Tar Wars. It was implemented in 33 states and was presented to over 150,000 children. Now, it has come to Alpena County. "Tar Wars," a tobacco-use prevention program for fourth graders, began in 1997 when 13 AGH physicians volunteered to teach 15 classrooms of students. Now, the total has risen to 20 physicians who have committed the better part of 44 mornings or afternoons to assure the success and continuity of the program.

Warding off early addiction

Use of tobacco products is one of the leading preventable causes of death in the United States. Alpena General Hospital's participation in the "Tar Wars" program was prompted by a growing concern about the risks of smoking and the desire to have a positive influence on their children. Michigan is among 13 states with the highest number of smokers. It is the goal of the program to reach children before they start smoking to stress the addictive nature of nicotine. According to the Center for Disease Control, in 1993, more than 25 percent of Michigan residents 18 years and older smoke cigarettes. Reports also indicate that the average age of the first use of cigarettes is 11.6 years. Due to the proven addictive nature of nicotine, Alpena physicians want to do something to reach children before they start smoking.

A one-hour tobacco education program, "Tar Wars" is designed to educate fourth graders on the effects of smoking and the body. On a voluntary basis, 20 AGH physicians are presenting the program in 15 Alpena County public and parochial elementary schools. The program also will give them the language and skills to recognize how advertising doesn't give all the facts and glamorizes the idea of smoking. It also will provide materials for at-home discussions.

"De-glamorizing" a dirty habit

The "Tar Wars" program is presented to the students by a local physician and a parent volunteer who begins by helping children identify the short-term effects of smoking such as bad breath, yellow fingers, and smelly hair and clothes. Students are also asked to estimate how much it costs to smoke for one month and one year. Students are then asked to consider all the other ways they could spend this money.

The highlight of the program is when the physician introduce "Smoking Susie." After the mannequin takes several puffs on a cigarette, clear plastic tubes, representing air passages in Susie, fill up with gooey nicotine and tar residue. Presenting physicians stress the fact that all of us make our own decisions and that every choice counts!

The next step is identifying why people smoke. Image, peer pressure, and the desire to look older are discussed. This opens the topic of how tobacco advertising attempts to influence people to buy their products. After introducing samples of advertising to small groups in the class, the students are asked to compare the message in the advertising and the actual truth about using tobacco products.

All students attending the "Tar Wars" pro-health education program receive materials that reinforce the presentations content and provide a reference for at-home discussion. Titled the "Tar Wars Ammunition Pack," it includes an "Every Choice Counts" sticker, a toothbrush, an activities booklet, and a pencil. Teachers are given a video titled "Too Smart to Start" for follow-up lessons.

Michigan State Medical Society
FOUNDATION
Advancing the field of health for the public good



Lynn Fields, MD, one of the physician volunteers teaching the program, presents "Tar Wars" to Sunset School fourth graders in Alpena.

A man on a mission

Lynn Fields, MD, of Alpena is one of the active "Tar Wars" participating physicians. When asked why he personally was motivated to get involved with the program he answered, "After seeing several young people in the office over a short period of time who had already become addicted to nicotine, it seemed as a physician and concerned citizen I needed to do something more." Doctor Fields further added his participation in the program was "even more gratifying than I'd expected as the students have eagerly listened to the information."

Teachers surveyed after the program indicated that having the children hear about the negative aspects of smoking from a physician gave the message credibility, and the one-hour format was ideal to present to the children—it was short, sweet, and to the point. Parent volunteers surveyed after the program liked having a "real" doctor visit the classroom. They felt it had more impact than hearing this information from a parent or other adult.

Having met the initial goal the first year of bringing "Tar Wars"' into every fourth grade classroom in the Alpena area school district during the 1996-97 school year, the AGH medical staff has set their sights on a new objective: to bring the "Tar Wars" pro-health education program into the communities of Rogers City, Posen, Hillman, and Atlanta and to all of Alpena County's 8,066 youths 17 years old or under. ■

The author is MSMS communications specialist.

"After seeing several young people in the office . . . who had already become addicted to nicotine, it seemed as a physician and concerned citizen I needed to do something more."

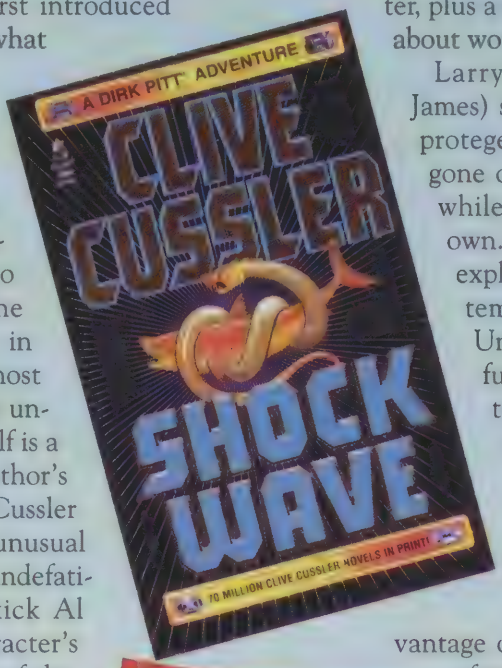
Some real "page turners"

What's new and exciting in the literary market

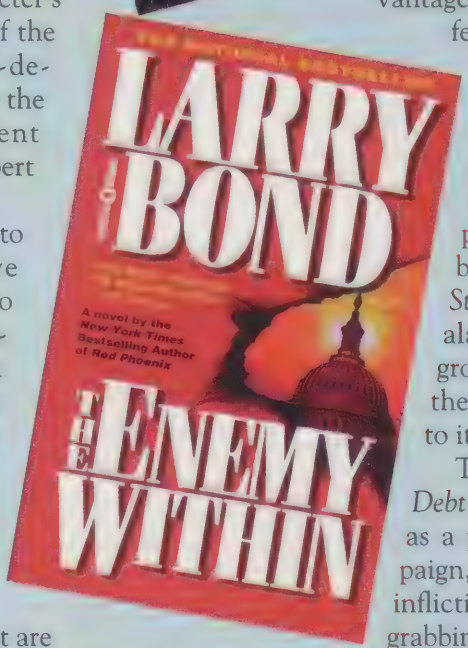
By Roy S. Goodman, MD

Good news for recreational readers: five dependable authors recently have released their best work ever.

When Clive Cussler first introduced Dirk Pitt, I barely knew what to make of the books. Between his cataclysmic adventures, Pitt holds a "day job" as a marine researcher, and the nautical material in the books is always highly convincing no matter how obscure. The rest of the "basic science" in the books, however, is almost invariably an obvious and unabashed crock. Pitt himself is a bit much (patently the author's fantasy self, except that Cussler really does collect Pitt's unusual classic cars) and so is his indefatigable wisecracking sidekick Al Giordano. Even the character's name teeters on the edge of the facetious; it earns a well-deserved satirical reference in the little-known but excellent thriller *Bright Shark* by Robert Ballard and Tony Chu.



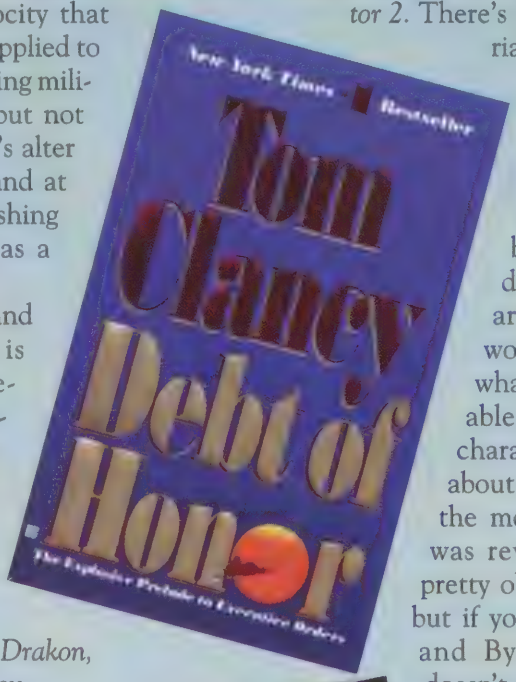
Maybe I've gotten used to Dirk Pitt or maybe Clive Cussler has learned how to get away with impossible "basic science" without even trying to justify it, but *Shockwave* is the best Cussler novel that I've read yet. The requisite nautical scenes are as gripping as ever, and the complex plot works well once you grant a few assumptions that are far beyond far-fetched. The villain is a modern version of Hugo Drax or Auric Goldfinger, and Dirk Pitt has become what James Bond could have been if Ian Fleming had had a sense of humor about himself and the character, plus a more enlightened attitude about women.



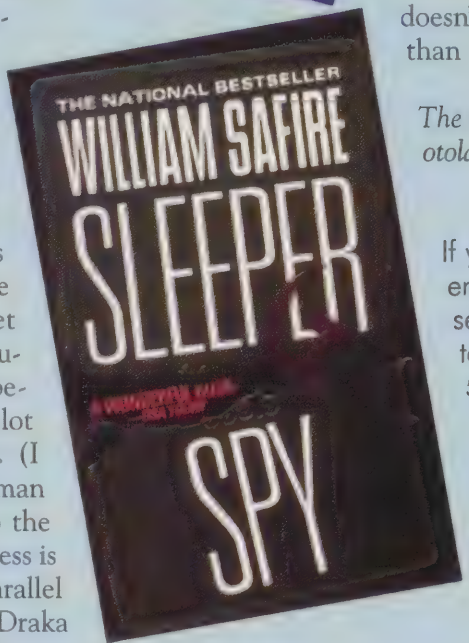
Larry Bond (no relation to James) started as an assistant and protege of Tom Clancy and has gone on to write several worthwhile military thrillers on his own. In *The Enemy Within*, he explores the possibility of systematic terrorism inside the United States, controlled and funded by Iran as a prelude to a military campaign in the Middle East. This is one scary book! A free society is wide open to terrorism, and Bond's villains take almost every unfair, very believable advantage of this fact. (An article a few years ago in *Omni* gave a blueprint for systematic sabotage that would be even more damaging.) Bond wrings the maximum possible suspense out of his plot, and the result is much better than Dale Brown's *Storming Heaven*, which told in alarming detail how a small group of terrorists could bring the American aviation industry to its knees.

The bad guys in Tom Clancy's *Debt of Honor* also use sabotage as a prelude to a military campaign, but here it's the Japanese inflicting economic sabotage and grabbing land in the Pacific. The Wall Street material is almost up to Paul Erdman's standards, and the Japanese strat-

egy is good enough to seem unbeatable. When the United States does strike back, it's with the massive, remorseless ferocity that Clancy would like to see applied to all campaigns. The resulting military action is ingenious but not very suspenseful. Clancy's alter ego, Jack Ryan, is back and at his best, dispensing refreshing common-sense wisdom as a presidential advisor.



S. M. Stirling's latest and best (that I know of) is *Drakon*. In the alternate reality of Stirling's Draka series, crown loyalists were exiled to South Africa after the American Revolution. From there they went on to dominate the continent and eventually the world. In *Drakon*, a bio-engineered Draka superwoman is accidentally transported from her reality—the year 2445—into our present reality. Better-than-human characters are always difficult to write, but Stirling does a fine job; his antiheroine is a credible threat to conquer the planet single-handed. She looks human but she's not, and her behavior is more alien than a lot of sci-fi extraterrestrials'. (I didn't feel that her superhuman libido added appreciably to the plot.) This daunting villainess is pursued across time and parallel worlds by an agent of the Draka Domination's long-standing enemies, the Samothracians. He's an unmodified human, but his training and equipment make him a worthy adversary. The result is the equivalent of an intelligent version of *Terminator 2*. There's also some excellent material about present-day Earth as seen by beings from an age that has solved its ecological problems.



William Safire doesn't write a novel very often, but when he does it's a doozy. *Sleeper Spy* revolves around an ecomomic plot worthy of Paul Erdman, but what makes this book remarkable is that essentially every character is lying to somebody about something. I figured out the most "shocking" lie before it was revealed (and I'm usually pretty obtuse about these things) but if you're looking for duplicity and Byzantine complexity, it doesn't get much more Byzantine than this. ■

The author is a Clarkston-based otolaryngologist.

If you would like a topic covered in the "Life's Pleasures" section, contact Assistant Editor Kristen Lare at (517) 336-5747 or klare@msms.org/



Don't be afraid of patients from distant Plans.

Have no fear if your patients show Blue Cross and Blue Shield membership cards from distant Plans. The BlueCard Program makes billing easy no matter where your patient is from. Just call BlueCard Eligibility* to verify eligibility and coverage. Then, file the claim with your local Blue Cross and Blue Shield Plan. With the BlueCard Program, you deal only with your local Plan...as long as the patient is from planet Earth.

To find out more about the BlueCard Program, call your local Blue Cross and Blue Shield Plan.

You may also visit us anytime in cyberspace at

www.bluecares.com/bluecard



TheBlueCard®
Now, Home Is Where The Card Is™

*Call BlueCard Eligibility at 1-800-676-BLUE (2583).

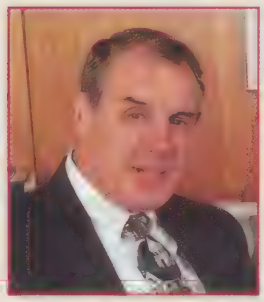
BlueCross BlueShield Association

An Association of Independent Blue Cross and Blue Shield Plans.

MSMS has insurance for every physician's needs...



Jaak M. Pahn, MD
Sault Ste. Marie



Willard S. Stawski, MD
Grand Rapids



Howard Comstock, MD
East Lansing



Steven G. Fettinger, MD
Saginaw

When it comes to offering a variety of insurance programs for physicians, and top-notch customer service to back them up, there's no equal to MSMS Group Insurance Trust.

Trust us to keep you informed and covered. Contact an MSMS Group Insurance Trust representative today to review your coverage. Call toll-free (800)748-0195, fax us at (517)337-2590, or send E-mail to msms@msms.org

❖ SUPPLEMENTAL COVERAGE TO MEDICARE ❖ INDIVIDUAL OR GROUP HEALTH AND DENTAL INSURANCE ❖ DISABILITY ❖ LIFE ❖ BUSINESS INSURANCES ❖ CAPITATION STOP-LOSS ❖ WORKERS' COMPENSATION

Michigan State Medical Society
GROUP INSURANCE TRUST

120 W. Saginaw East Lansing, MI 48823
(800)748-0195
http://www.msms.org/

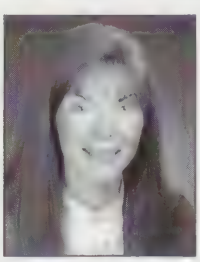
NEWSMAKERS

Kenneth Whiteside, MD, FACEP, Lapeer Regional Hospital Emergency Department medical director, currently is serving a one-year term as president of the Michigan College of Emergency Physicians (MCEP). As president of MCEP, Doctor Whiteside serves as chairman of the College's board of directors and directs the activities related to the delivery of emergency medical services. In some cases, Doctor Whiteside and other representatives of the College testify before the Michigan Congress about issues such as seat belt use, the motorcycle helmet law and other topics affective emergency medicine and health care.



David B. Siegel, MD, recently has been named CEO of Blue Care Network of Michigan. Doctor Siegel currently is senior vice president of Managed Care for Blue Cross and Blue Shield of Michigan.

Arlene B. Levine, MD, has joined the Botsford General Hospital's Institute for Cardiovascular Health as the new director of cardiovascular research. Doctor Levine has been involved in both academic and clinical settings for almost 20 years. She resides in Bingham Farms.



James O. Lawrence, Jr., MD, FAAFP, was made a life member of the National Registry of "Who's Who." Doctor Lawrence provides primary and rural health care at the Elk Rapids Family Practice Clinic, a Munson Healthcare facility.

Anne F. Schott, MD, of the University of Michigan Comprehensive Cancer Center, received one of 20 awards from the National Cancer Institute's Office of Cancer Survivorship. Doctor Schott was honored for the study of patients who have completed cancer treatment and have been free of cancer for at least five years. She will receive $95,000 for her research of lymphedema due to breast cancer treatment.

John F. Sweeney, MD, has been named chief of Surgery Service for the Department of Veterans Affairs Medical Center in Ann Arbor. Doctor Sweeney also is co-director of the surgical continuum. He was previously chief of the general surgery section.

Lewis A. Jones, MD, recently has joined the Michigan Department of Community Health as an expert in women's health. Doctor Jones previously served as director of the Gastrointestinal Radiology Division at Detroit's Harper Hospital, and was a co-investigator for the *Women's Health Initiative*, a federally funded research study of women's health. He also serves as co-shair of "Every Woman . . . Michigan's Year of Women's Health," which focuses on increasing awareness and education on heart disease and stroke, cancer, osteoporosis, depression, and menopause.



Kenneth A. Jordan, MD, a family practitioner from Flint and chief of staff of Hurley Medical Center, has been elected president of the Genesee County Medical Society. Doctor Jordan also has been chair of MSMS's International Medical Graduate Section and is director of the Emergency Medical Center of Flint.



Suraj R. Nighoon, MD, was appointed chief of medicine at Macomb Hospital Center. Doctor Nighoon practices oncology in Sterling Heights.

Viken Douzdijan, MD, of Novi, has been appointed surgical director of the Kidney and Pancreas Transplantation Program at Henry Ford Hospital. Doctor Douzdijan will help in reorganizing the Kidney and Pancreas



Transplantation Program and take part in both clinical and research activities. He also will develop educational and outreach programs to keep referring physicians and dialysis personnel informed and updated on important transplant information.

Paul Farr, MD, recently was selected to serve as chairperson of the Saint Mary's Health Services Community Healthcare System Board of Trustees. This position was effective January 1998. Doctor Farr, a Saint Mary's physician with Grand River Gastroenterology Associates, has been elected to a one-year term as chairperson.



Hassan Amirikia, MD, a member of the MSMS Board of Directors from Wayne County, was elected president of the 3,000-physician medical staff at the Detroit Medical Center effective January 1, 1998. He will serve as physician liaison with the hospital administration and executive committee of the DMC Board of Directors. Doctor Amirikia, a fertility specialist, already has been instrumental in resolving a potentially divisive physician/administration issue at DMC. The DMC is made up of eight hospitals throughout Wayne County.

OBITUARIES

Carl A. Benz, MD, died on October 24, 1997. He was 81. Doctor Benz graduated from the University of Michigan Medical School in 1942, and practiced ophthalmology in Adrian. He was a member of the AMA, Michigan Chapter of America College of Surgeons, the Lenawee County Medical Society and MSMS.

Byron P. Brown, MD, died on October 17, 1997. He was 92. Doctor Brown, a public health physician from Charlotte, graduated from the University of Michigan Medical School in 1931. He was a member of the AMA, Eaton County Medical Society and MSMS.

Catherine J. Carroll, MD, died on October 22, 1997. She was 77. Doctor Carroll graduated from St. Louis University School of Medicine in 1953, and later practiced pediatrics in Ann Arbor. She was a member of the Washtenaw County Medical Society and MSMS.

Ray W. Chamberlain, MD, died on October 22, 1997. He was 77. Doctor Chamberlain, a Mt. Pleasant general and abdominal surgeon, graduated from the University of Michigan in 1944. He was a member of the Isabella-Clare County Medical Society and MSMS.

William Henry Harrison, MD, died on November 2, 1997. He was 83. Doctor Harrison, a Lansing general practitioner, graduated from Howard University in 1944. He was a member of the National Medical Association, Ingham County Medical Society—treasurer, the American Academy of Family Practitioners, a Fellow of the Academy of Family Practice, the AMA and MSMS.

Robert J. Raiman, MD, died on October 28, 1997. He was 75. Doctor Raiman, a Grand Rapids general surgeon, graduated from the University of Chicago Pritzker School of Medicine in 1951. He was a member of the Kent County Medical Society, the AMA and MSMS.

R. H. White, MD, died on October 11, 1997. He was 75. Doctor White graduated from the New York Medical College in 1951. He was a general practitioner in Bloomfield Hills. Doctor White was a member of the Oakland County Medical Society and MSMS.

Joshua S. Williams, MD, died on October 22, 1997. He was 76. Doctor Williams, a Southfield family and general practitioner, graduated from Howard University in 1945. He was a member of the Wayne County Medical Society, AMA and MSMS.

Maurice E. Hunt, MD, died on December 4, 1997. He was 79. Doctor Hunt graduated from Wayne State University in 1950, and later was a family practitioner in Fairgrove. He was a member of the Bay County Medical Society and MSMS. ■

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Mohammad Ahsan, MD, *Alma*
Mohamad Al-Jarrah, MD, *Southfield*
Iqbal-Husein N. Allarakhia, MD, *Troy*
Stephen J. Andriese, MD, *Grand Rapids*
Taher Ata, MD, *Coldwater*
Kerita Black, MD, *Detroit*
Cindy R. Bos, MD, *Grand Rapids*
Akram M. Daoud, DO, *Coldwater*
Ritu Dave, MD, *Owosso*
Calmeze Dudley, MD, *Southfield*
Mark A. Evenhouse, MD, *Ada*
Jill Gorsuch, MD, *Grand Rapids*
Ahmad M. Hadied, MD, *Burton*
James E. Hoogeboom, DO, *Grand Rapids*
Robert L. Hooker, MD, *Grand Rapids*
Timothy S. Jarvi, MD, *Petoskey*
Susan P. Johnson, MD, *Grand Rapids*
William J. Kane, MD, *Grand Rapids*
Constance M. Leahy, MD, *Grand Rapids*
Gerald P. Loushin, MD, *Grand Rapids*
Albert Manlapit, MD, *Saginaw*
Jeffrey Mendelson, MD, *Livonia*
Ravi Nadimpalli, *East Lansing*
Manoochehr Noroozian, MD, *Waterford*
B. P. Rajesh, MD, *St Johns*
Randall J. Reed, MD, *Grand Rapids*
Carole B. Rizzo, DO, *Bloomfield Hills*
Eugene Rubin, MD, *Franklin*
Dinesh M. Shah, MD, *Berkley*
Stephen Wilson, MD, *Saginaw*
Michael H. Yff, MD, *Harbor Springs*



Michigan Clinic for TMJ/Facial Pain

Management of Temporomandibular Disorders Chronic Facial Pain, and Snoring Relief

- Conservative, Non-Surgical Management for the Jaw Joint Diseases (TMJ).
- Management for Headaches Related to TMJ.
- Management for Chronic Orofacial Pain.
- Management for Snoring With The Use of Oral Appliance(s).

At The Michigan Clinic for TMJ And Facial Pain We Utilize:

- The Most Advanced Computerized Tomography Imaging.
- Computerized Study to Detect Jaw Joint Sounds.
- We Participate With Various Insurance Plans.

Ghabi A. Kaspo, DDS

Diplomate, American Academy Of Orafacial Pain
American Pain Society
American Association For the Study of Headache
Michigan Sleep Disorders Association

Michigan Clinic for TMJ/Facial Pain

2959 Crooks Road, Suite 7
Troy, MI 48084
Office (248) 649-6610 Fax (248) 649-1605

DISCIPLINARY ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate actions and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Aeneas Guiney, MD, PO Box 7063, Bloomfield, MI 48302
Action, Date Taken: Reprimand, Fine—$1,000.00, Probation—2 yrs—11-28-97 **Reason:** Failure to Meet Continuing Education Requirements

Name: Francis F. Paul, MD, PO Box 5364, North Muskegon, MI 49445
Action, Date Taken: Fine—$500.00—11-27-97
Reason: Failure to Report/Comply Sister State Disciplinary Action

Name: Robert H. Hydrick, MD, 2150 Cloner Drive, NW, Grand Rapids, MI 49504
Action, Date Taken: License Revoked Summary Suspension Dissolved—10-28-97
Reason: Mental/Physical Inability to Practice

Name: Diane Bay Humenansky, MD, 1413 Spenser, Rd. W, St. Paul, MN 55108
Action, Date Taken: License Suspended—3 yrs.—10-28-97
Reason: Failure to Report/Comply Sister State Disciplinary Action

Name: Harvey D. Lynn, MD, 7525 E. Gainey Ranch Rd. #147, Scottsdale, AZ 85258
Action, Date Taken: Voluntary Surrender of License—11-27-97
Reason: Failure to Meet Continuing Education Requirements

Name: Richard F. Freeman, MD, 2900 S. Fort, Detroit, MI 48217
Action, Date Taken: License Suspended—3 yrs., Voluntary Surrender of Controlled Substance & Drug Control Licenses—10-28-97
Reason: Violation of General Duty/Negligence

Name: James H. Wheeler, III, MD, McDonald Orthopedic/Sport Medicine, 900 B Medical Court, Marion, NC, 29752
Action, Date Taken: License Suspended—minimum 1 day—10-28-97
Reason: Failure to Report/Comply Sister State Disciplinary Action

Name: Cecil C. Laqui, MD, 216 South Mohler Dr., Anaheim, CA 92808
Action, Date Taken: License Revoked—11-27-97
Reason: Failure to Report/Comply Sister State Disciplinary Action

Name: Marivic D. Massand, MD, 971 Canterbury Rd., Grosse Pointe Woods, MI 48236
Action, Date Taken: Probation continued—1 yr.—10-29-97

Name: Obioma S. Agomuoh, MD, 16400 North Park Dr. #906, Southfield, MI 48075
Action, Date Taken: Reprimand, Fine—$1,000.00—11-27-97
Reason: Failure to Report/Comply Sister State Disciplinary Action

Name: Joseph N. Aquilina, MD, 3406 Davenport St., Saginaw, MI 48602
Action, Date Taken: Reprimand, Fine—$1,000.00—10-28-97
Reason: Violation of General Duty/Negligence

Name: John L. Cavell, DO, 3939 W. N. Territorial Rd., Whitmore Lake, MI 48189
Action, Date Taken: Reprimand, Fine—$1,000.00, Probation—1 yr.—11-27-97
Reason: Violation of General Duty/Negligence ■

MSMS MEETINGS

April

14, MSM/MPMLC "Making the Rounds." Location: Clinton Memorial Hospital, St. Johns, MI. Contact Tom Plasman at MSMS at (517) 351-0041, ext. 606.

16, MSMS/MPMLC "Making the Rounds." Location: Clinton Memorial Hospital, St. John's, MI. Contact: Tom Plasman at MSMS at (517) 351-0041 ext. 606.

16, I Am Your Child Task Force. Location: MSMS Headquarters, East Lansing, MI. Contact: Jennifer Anibal at MSMS at (517) 336-7595.

23, "Palliative Care: Comprehensive Care at the End of Life." Location: Kellogg Center for Continuing Education, MSU Campus, East Lansing, MI. Contact: Tom Seely at MSMS at (517)336-5770.

29, MSMS Committee on State Legislation and Regulations. Location: MSMS Headquarters, The Board Room, East Lansing, MI. Contact: Greg Aronin at MSMS at (517) 336-5739.

May

1-3, MSMS House of Delegates. Location: Ritz Carlton, Dearborn, MI. Contact: Donna Brown at MSMS at (517) 336-5735.

3-5, MSMS Alliance House of Delegates. Location: Marriott Hotel, Troy, MI. Contact: Jennifer Anibal at MSMS at (517) 336-7595.

6, MSMS Liaison Committee with Third-Party Payers. Location: MSMS Headquarters, The Board Room, East Lansing, MI, 2:30-5:00 p.m. Contact: Patty Bokovoy at MSMS at (517) 336-5723.

13, MSMS Annual Capitol Check-Up. Location: Lansing Center, Lansing, MI. Contact: Christine Shearer at MSMS at (517) 336-5737.

21, I Am Your Child Task Force. MSMS Headquarters, Atrium Conference Room, East Lansing, MI, 10:00 a.m.- 12:00 p.m. Contact: Jennifer Anibal at MSMS at (517) 336-7595.

June

15, MSMS/MPMLC "Making the Rounds." Location: Mid-Michigan Regional Medical Center, Midland, MI, 7:30 p.m. Contact: Tom Plasman at MSMS at (517)351-0041 ext. 606.

18, I Am Your Child Task Force. MSMS Headquarters, Atrium Conference Room, East Lansing, MI, 10:00 a.m.- 12:00 p.m. Contact: Jennifer Anibal at MSMS at (517) 336-7595.

24, MSMS Committee on State Legislation and Regulations. Location: MSMS Headquarters, The Board Room, East Lansing, MI 2:00-5:00 p.m. Contact: Greg Aronin at MSMS at (517) 336-5739.

AMA MEETINGS

April/May

4/29-5/2, 1998 International Conference on Physician Health. "Managing Our Own Care: Surviving the Health Care Revolution." Location: Empress Hotel and Victoria Conference Centre, Victoria, British Columbia. Contact: AMA Dept. of Mental Health at (312) 464-5066.

June

14-18, 1998 AMA Annual Meeting. Location: Hyatt Regency Hotel, Chicago, IL. Contact: Neil Sutherland at AMA at (312) 464-4344.

MICHIGAN SPECIALTY SOCIETY MEETINGS

April

2-5, 1998 Annual Session, American College of Physicians. Location: San Diego Convention Center, San Diego, CA. Contact: ACP Communications Department, (800) 523-1546, ext. 2655 or 2513.

16-17, Michigan Medical Group Management Association Annual Spring Conference. Location: Sheraton Hotel. Contact: Bryce Docherty at MSMS at (517) 336-7586.

18, Michigan Society of Anesthesiologists Spring Meeting. Location: Amway Grand Plaza Hotel, Grand Rapids, MI. Contact: Tom

O'Keefe at MSMS at (517) 336-7589.

22, Michigan Dermatology Society Meeting. Location: Henry Ford Museum, Dearborn, MI. Contact: Jennifer Anibal at MSMS at (517) 336-7595.

May

2, Michigan Sociey of Pathologists Annual Spring Meeting. Location: Kellogg Center, East Lansing, MI. Contact: Bryce Docherty at MSMS at (517) 336-7586.

7-8, Michigan Chapter of the American College of Surgeons Annual Meeting. Location: Mariott Hotel, East Lansing, MI. Contact: Bryce Docherty at MSMS at (517) 336-7586.

9-13, American College of OB/GYN Meeting. Location: New Orleans, LA. Contact: ACOG (202) 863-2525.

June

5, Michigan Society of Respiratory Care. Location: MSMS Headquarters, Dining Room, East Lansing, MI, 9:30 a.m.-3:00 p.m. Contact: Caroline Kimmel at MSMS at (517) 336-7587. ■

Michigan State Medical Society Presents Two Exciting Tours From Detroit



THE FRENCH ALPS AND ITALIAN LAKES

September 4-12, 1998

$1,099 Per person, double occupancy. (Plus government taxes.)

Chamonix - The dazzling snow cap and glaciers of Mont Blanc, Europe's highest mountain, are a magnificent backdrop to the colorful resort of Chamonix. Anyone who loves the Alps will be overawed by the dramatic vistas.

Optional Tours: Geneva City, Zermatt and the Matterhorn, Montreux, Castle Chillon and Gruyeres, Mountain Buffet, and much more!

Lake Maggiore - Deep and mysterious, beautiful and romantic, the Italian Lakes are a haven of peace and tranquility. Maggiore is probably the most beautiful of the lakes, its shores dotted with elegant resorts.

Optional Tours: Venice, Grand Three Lakes Tour, Italian Festa, Borommeo Island Cruise and Dinner, and much more!



IRELAND

October 3-11, 1998

$1,119

Per person, double occupancy. (Plus government taxes.)

A hundred thousand welcomes await you. Explore the legendary greens of Ireland and learn why it is called **"The Emerald Isle."** Witness for yourself the spectacular coastal and mountain terrain, castles and shamrocks - maybe even see a leprechaun! We invite you to experience the charm and friendliness of the Irish.

Optional Tours: Ring of Kerry, Galway Bay and Connemara, Blarney Castle, Dublin City, Medieval Banquet and much more!

INCLUDED FEATURES

- Round trip transatlantic air transportation via American Trans Air.
- Seven nights First Class hotels.
- Continental breakfast daily.
- Transfers between airports and hotels.
- Complete luggage handling and all related tipping at airports and hotels.
- All airline and hotel taxes.
- Experienced escort guides.
- And more!

Available to Members, Their Families and Friends.

For additional information and a color brochure contact:

Michigan State Medical Society
Attn: Donna Brown
120 West Saginaw Street
East Lansing, MI 44826-0950
(517) 336-5735

or

GLOBAL HOLIDAYS
9725 Garfield Avenue South
Minneapolis, MN 55420-4240
(612) 948-8322
Toll Free: **1-800-842-9023**

Pepcid AC Acid Controller.
ACID REDUCER / FAMOTIDINE TABLETS 10 mg

Covered by Michigan Medicaid

ACID INDEPENDENCE

FREEDOM FROM THE HIGH COST OF HEARTBURN

- **Pepcid AC®** **$0.28 per dose[1]**
- Ranitidine 150 mg $1.48 per dose[1]
- Prilosec®* 20 mg $3.59 per dose[1]



Medicaid requires a prescription for coverage of Pepcid AC® 10 mg

*Prilosec® (omeprazole) is a registered trademark of Astra Merck.

1. Sources: IRI, November 1997; *Red Book Update*, November 1997; IMS America, September 1997.

© Johnson & Johnson o MERCK Consumer Pharmaceuticals Co., 1998 ® Registered trademark of Merck & Co., Inc.

JVMC-039 2/98



Teamwork

Dedication

Our practice management teams are hands-on professionals dedicated to refining and maintaining the highest standards for growth and profitability in your medical practice.

Please, call and introduce yourself. We always have time to meet with interesting people.

JIROUS MANAGEMENT GROUP

6410 Alpine Avenue, Suite D
Comstock Park, MI 49321-9721

Phone (616) 222-9901
Fax (616) 222-9904

Michigan Opportunities

Just A Click or Call Away!

Hundreds of Michigan practice opportunities. Confidential because you conduct the inquiry, there are no recruiters, costs, or pressure.

The Medical Opportunities In Michigan (MOM) service, a free, non-profit, centralized career database can now be accessed over the Internet or call MOM through our toll-free service line.

www.mimom.org
or call
1-800-479-1MOM

MOM Medical Opportunities In Michigan

MOM is a service of the non-profit Michigan Health Council, representing Michigan hospital and health care employers.

EDUCATIONAL OPPORTUNITIES

Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I credits toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least four hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

April

2-5, 1998 Annual Session American College of Physicians. Location: San Diego Convention Center, San Diego, CA. **Contact:** ACP Customer Service, (800) 523-1546, ext 2600; or (215) 351-2600; or http://www.acponline.org **Approved for:** 29 Category 1 credits.

3-5, Managing Respiratory Diseases. Location: Casa Marina Resort, Key West, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

3-5, Neurology for the Non-Neurologist. Location: Camelback Inn, Scottsdale, AZ. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

4-5, Breast Imaging—1998. Location: Dearborn Inn, Dearborn. **Contact:** Ms. Janice Coriotti, Michigan Radiological Society, 1010 Antietam, Detroit, MI 48207-2899; or (313) 567-1640; (fax) (313) 567-2065; or e-mail ldavis@med.wayne.edu. **Approved for:** 15 Category 1 credits.

6-8, Management Strategies in Complex Congenital Heart Disease. Location: Scottsdale Princess Resort, Scottsdale, AR. **Contact:** Registrars, Mayo Foundation, Section of Continuing Medical Education, 200 First St. S.W., Rochester, MN 55905; (800) 323-2688; fax (507) 284-0532. **Approved for:** 13 Category 1 credits.

16-18, Clinical Endocrinology for Primary Care Physicians. Location: Hyatt Regency, Aruba. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

16-19, The American Society of Addiction Medicine's 29th Annual Medical-Scientific Conference. Location: New Orleans Marriott Hotel, New Orleans, LA. **Contact:** Call (301) 656-3920; or http://www.asam.org.

20-22, 5th Annual Emergency Radiology. Location: The Dearborn Inn, Dearborn. **Contact:** Ms. Andrea Lubienski, Division of Continuing Medical Education, Wayne State University School of Medicine, 4201 St. Antoine, 4-H UHC, Detroit, MI 48201; (313) 577-1180; fax (313) 577-7560; or e-mail alubien@med.wayne.edu **Approved for:** 18.5 Category 1 credits.

23-25, Arrhythmias: Interpretation, Diagnosis & Management. Location: The Westin Resort, St. John, USVI. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

23-26, Ophthalmology at Pinehurst. Location: Pinehurst Resort and Country Club, Pinehurst, NC. **Contact:** Joyce Robertson, Towsley Center for Continuing Medical Education, Department of Medical Education Professions, PO Box 1157, Ann Arbor, MI 48106-1157; (313) 763-1400. **Approved for:** 12 Category 1 credits.

24-26, Dermatology for the Non-Dermatologist. Location: Desert Inn, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

24-26, Coronary Heart Disease Update. Location: Parc Fifty Five, San Francisco, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

May

1-3, Dermatology for the Non-Dermatologist. Location: Hyatt Regency, New Orleans, LA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax

(303) 798-5731. **Approved for:** 11 Category 1 credits.

1-3, Coronary Heart Disease Update. Location: Desert Inn, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

8-10, Neurology for the Non-Neurologist. Location: Hyatt Regency, Hilton Head, SC. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

15-17, Clinical Endocrinology for Primary Care Physicians. Location: Silverado Country Club, Napa Valley, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

31-June 3, American College of Cardiology: The 9th Annual Congenital Heart Disease in the Adult: A Combined International Symposium. Location: Skamania Lodge, Columbia River Gorge, Stevenson, Washington. **Contact:** American College of Cardiology (800) 253-4636, ext. 695.**Approved for:** maximum of 26 Category 1 credits.

June

4-6, Clinical Endocrinology for Primary Care Physicians. Location: Hyatt Regency, Grand Cayman. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

12-14, Coronary Heart Disease Update. Location: Disneyland Pacific, Anaheim, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

19-21, Neurology for the Non-Neurologist. Location: Racquet Club, Jackson Hole, WY. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

25-27, Dermatology for the Non-Dermatologist. Location: Southampton Princess, Bermuda. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

25-28, 1998 CMRS Annual Society Meeting Clinical Magnetic Resonance Society. Location: Disney's Yacht & Beach Club Resorts, Lake Buena Vista, FL. **Contact:** (800) 823-2677 or (513) 221-0070 **Approved for:** 25 Category 1 credits.

26-28, Arrhythmias: Interpretation, Diagnosis & Management. Location: Parc Fifty-Five, San Francisco, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

26-28, Managing Respiratory Diseases. Location: Disney's Beach Club. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

23-July 5, University at Sea. Location: Cruising the Norwegian Fjords to North Cape aboard the Rotterdam VI. **Contact:** Amy Storms at Continuing Education, Inc. at (800) 926-3775. **Approved for:** 20 Category 1 credits. ■

MICHIGAN STATE MEDICAL SOCIETY

CENTER FOR PHYSICIAN EDUCATION & LEADERSHIP

E&M Coding Documentation Guidelines for Physicians, medical office staff and managers.

March 18, Wednesday, 6-9 p.m.
Grand Rapids,
Western Michigan University
Conference Center

March 26, Thursday, 6-9 p.m.
Novi, Hilton

April 1, Wednesday, 6-9 p.m.
Grayling, Holiday Inn

April 2, Thursday, 6-9 p.m.
Muskegon Harbor,
Holiday Inn

April 4, Saturday, 9 a.m.- noon
Flint, Holiday Inn

April 22, Wednesday, 6-9 p.m.
Ann Arbor, Weber's Inn

May 2, Saturday, 9 a.m.-noon
Traverse City, Waterfront Inn

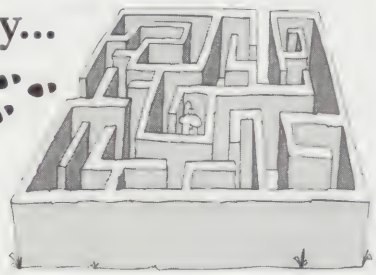
May 6, Wednesday, 6-9 p.m.
Mount Pleasant, Holiday Inn

May 7, Thursday, 6-9 p.m.
South Haven
Old Harbor Inn

Cost: $90.00 for members, $80.00 for additional staff from the same office;
$135 for non-members, $125.00 for additional staff from the same office.

Information: Mary Jensen (517) 336-5706 or mjensen2@msms.org
Registration: Karri Yeadon, (517) 336-7581 or kyeardon@msms.org

Let your search for a reliable, high quality Locum Tenens Company...



Lead you to

DAVIS SMITH
SINCE 1946

Davis-Smith has been a leader in healthcare staffing in the Midwest since 1946. Put our 51 years of experience to work for you. We offer high quality physician coverage at an affordable price. We are a family owned and operated company dedicated to exceeding your expectations. We cover all specialties and provide the best occurrence malpractice insurance.

(800) 541-4672 or (810) 354-4100

OFC ST. FRANCIS HOSPITAL ESCANABA, MICHIGAN

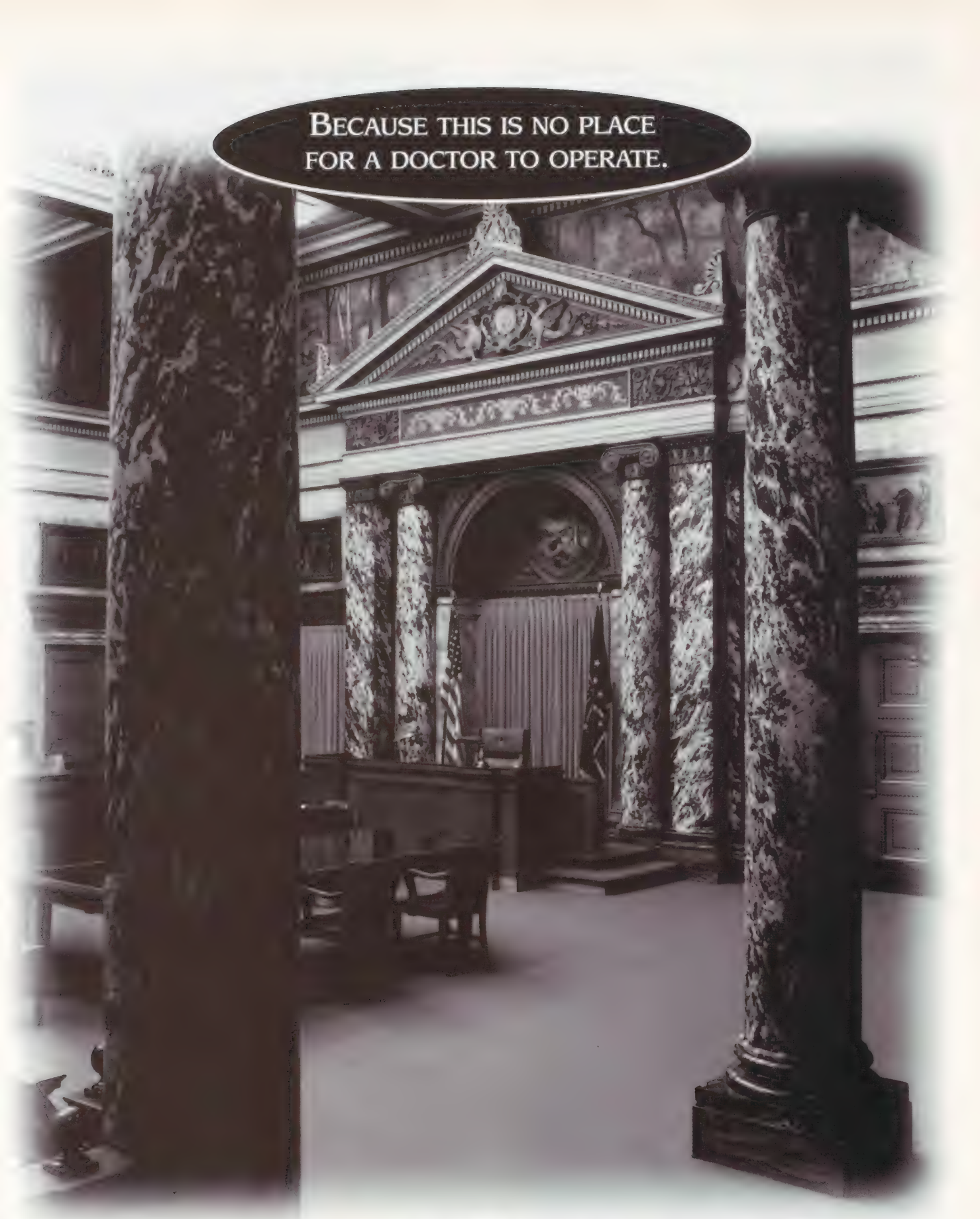
Family Practice - Position available for a BC/BE family practitioner at Powers Clinic, Powers, MI. This beautiful town is centrally located between Iron Mountain, Escanaba, and Menominee, which are all approximately 22-35 miles apart. You will be the only family practitioner in Powers, but can be shared with the physicians in Escanaba. There is an option for an out-patient only practice that will include nursing home patient care in the attached 180 bed facility. St. Francis Hospital, located on Lake Michigan, is a 110-bed facility and is the only hospital within a 60-mile radius. Recreation is plentiful, especially winter sports, boating and golf. (Four 18-hole and two 9-hole courses)

With both opportunities you can benefit from the resources and leadership of a 100 year old Catholic Healthcare System. We offer a competitive salary and excellent benefits package.

For more information contact:

Steve Baker
OSF Saint Francis, Inc.
1-800-430-6587
FAX 309-685-2574

OSF HEALTHCARE



THE
MEDICAL PROTECTIVE COMPANY ®

Professional Protection Exclusively since 1899

To reach your local office, call 800-344-1899.

GOLD CORPORATE AFFILIATE
MGMA
FOUNDED 1926
PROGRAM UNDERWRITER

ONCOLOGIST, URGENT CARE, ENT, DERMATOLOGIST

There are immediate openings at Brainerd Medical Center for the following specialties: Oncology, Urgent Care, Ear, Nose and Throat, and Dermatology.

Brainerd Medical Center, P.A.

- 36 Physician independent multi-specialty group
- Located in a primary service area of 40,000 people
- Almost 100% fee-for-service
- Excellent fringe benefits
- Competitive compensation
- Exceptional services available at 162 bed local hospital, St. Joseph's Medical Center

Brainerd, Minnesota

- Surrounded by the premier lakes of Minnesota
- Located in central Minnesota less than 2.5 hours from the Twin Cities, Duluth and Fargo
- Large, very progressive school district
- Great community for families

BMC

Call collect to Administrator:
Curt Nielsen
(218) 828-7105
or (218) 829-4901
2024 South 6th Street
Brainerd, MN 56401

Brainerd Medical Center, P.A.



Staff Care Gets You There – And Back

Charting a new career course doesn't have to feel like re-discovering the New World. Staff Care keeps the adventure of LOCUMS exciting without the fear of getting lost in the shuffle. We lead the industry with our national medical staffing resources and confidently guide our physicians with experienced personnel dedicated to service and satisfaction.

For more information about our **LOCUM TENENS** call:

Staff Care INC.
Leading the Nation in Staffing

800.685.2272
Midwest & Eastern Destinations

800.211.4971
Western Destinations

Visit us on the Internet at http://www.locumsnet.com
UNABLE TO PLACE J-1 OR H-1 PHYSICIANS

PROGRAM IN INTEGRATIVE MANAGEMENT

THE WEEKEND MBA



Randy Hicks, M.D., V.P. and Owner, Regional Medical Imaging
Geoffrey Linz, M.D., Medical Dir., Mid-State Health Network & Mid-State Physicians
Herbert Weisenthal, D.O., Owner, Weisenthal Diagnostics
Class of 1997

The MBA for healthcare professionals who are serious about wanting to make a difference.

- **A program for working managers** on 35 Friday evenings and Saturdays at MSU's East Lansing campus.
- **Focus areas** in cross-functional management or healthcare management.
- **Innovative curriculum:** short modules, team-based, interdisciplinary.
- **Emphasis on integrating courses with applications in your workplace.**
- Does not require prior college business courses.

Applications being accepted now for July 1998.

Call to register for a November Information Session near you.

For more information:
Phone: **1-800-PIM-MSU-1** (1-800-746-6781)
or **1-517-355-7603**
E-mail: **pim@pilot.msu.edu**
www.bus.msu.edu/pim

BROAD COLLEGE OF BUSINESS
MICHIGAN STATE UNIVERSITY

MARK YOUR CALENDAR!

PRESENTED BY

MICHIGAN STATE MEDICAL SOCIETY
in conjunction with the
Michigan Department of Community Health
Michigan Nurses Association
Michigan Hospice Organization

PALLIATIVE CARE

Comprehensive Care at the End of Life

Thursday, April 23, 1998
8:30 a.m. to 4:30 p.m.

Kellogg Center
MSU Campus, East Lansing

State and nationally recognized experts will discuss critical palliative care issues including the transition from curative to palliative care, treating intractable pain, terminal sedation and hospice eligibility-certification of terminal illness. Watch MSMS publications for more details.

For details or for more information about CME credits, please call Tom Seely at MSMS at 517-336-5770 or via e-mail at tseely@msms.org.

CONFERENCE REGISTRATION FORM

PLEASE TYPE OR PRINT CLEARLY

Name_____
First Initial Last

Title (i.e., MD, DO, RN)

Practice Organization

Specialty

Address

City/State/ZIP

Phone (include Area Code)

Fax email

PALLIATIVE CARE
Thursday, April 23, 1998 — 8:30 a.m. to 4:30 p.m.

Registration Fee:
Physicians $125
Nurses/Physician Assistants/Social Workers/Hospice Administrators ... $90
Residents/Students/Retired/ Hospice Volunteers $40

☐ Check (Payable to MSMS)
VISA ☐ MasterCard

Card Number ExpDate

Authorized Signature

Total: $_____

Mail Payment and Registration to:
Michigan State Medical Society
Attn: Brenda Eberly, Registrar
120 W. Saginaw, PO Box 950
East Lansing, MI 48826-0950

FAX Registration to: 517-337-2490

Phone Registration to: 517-336-5784

Call Tom Seely at MSMS at 517-336-5770 or e-mail at tseely@msms.org for information about **CME Credits**.

Please contact me regarding special accommodations.

MPMC

MICHIGAN PAIN MANAGEMENT CONSULTANTS, P.C.

SPECIALIZING IN SPINAL CORD STIMULATION, IMPLANTABLE INFUSION SYSTEMS, AND FIBEROPTIC MYELOSCOPY

Consultants in Acute, Chronic and Cancer Pain Management, Spinal Cord Stimulation, Implantable Infusion Systems, and Fiberoptic Myeloscopy.

Patients may be scheduled for the evaluation and treatment of chronic benign and cancer pain management Monday through Friday, 8:00 a.m. to 4:00 p.m. at:

Providence Hospital Pain Control Center
22301 Foster Winter Drive
Second Floor
Southfield, Michigan 48075
Office (810) 424-3186 • Fax (810) 424-3460

Dennis W. Dobritt, D.O., D.A.B.P.M.
Chief, Pain Medicine
Director, Pain Control Center
Providence Hospital and Medical Centers

Jeffrey J. Kimpson, M.D., D.A.A.P.M.
Assistant Director, Providence Pain Control Center
Medical Director, Acute and Cancer Pain Management

Riad G. Khoury, M.D.
Added Qualifications in Pain Management,
American Board of Anesthesiology
Diplomate, American Academy of Pain Management

John H. Traylor, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Jeffrey J. Kirouac, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Dominick Lago, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Affiliated with Northland Anesthesia Associates, P.C.

TWO MEN AND A TRUCK®
"Movers Who Care"®



WE MAKE HOUSECALLS... OFFICE CALLS TOO.

You're facing a business move.
You're stressed.
It's time to call the movers in the business of moving.
We offer all the support you'll need, including packing and unpacking service and a complete line of professional packing supplies. Many of our franchises even offer overnight service, all to keep your down time to a minimum. From Holland to Pt. Huron, from Marquette to Macomb, we'll make moving your practice painless.
Call us for a free consultation.



TWO MEN AND A TRUCK®
"Movers Who Care"®
www.twomen.com

©1997 TWO MEN AND A TRUCK®, INTL., INC.

Physicians Leasing Company, Inc.

Lease or purchase program

(Another Excellent MSMS Member Benefit Program)

Fleet Pricing - Leasing/buying through PLC assures you of receiving all available rebates and incentives - retail, dealer and fleet.

Delivery - No longer do you have to take time out to take delivery of your new vehicle. PLC brings it right to you, either at the office or at home.

Shopping - With our fleet connections we do the shopping for you. PLC experts will find the lowest available price for that special car you want.

Financing - PLC can take care of it all, purchase, lease, First Time Buyer, and Intern Financing, at the lowest rates available.

Trade-Ins - Yes, PLC will even take in your old car. We will do it all by phone to save you the headaches.

Used cars - Looking for a second car? A car for the kids? Give PLC a call; we always offer a fresh supply of good clean trade-ins.

Contact our staff today!

The important first step on the way to your next car!



(800)759-8880

An Endorsement You Can Trust.

BINSON'S™
Home Health Care Centers
MEDICAL SUPPLIES & SERVICES SINCE 1954

Binson's, a trusted name in home care for over forty years.

- Medical Equipment Supplies & Services
- Mastectomy
- Diagnostic & Surgical Supplies
- Ambulatory Aids
- Bathroom Safety
- Orthotics & Prosthetics
- Clinical Services
- Ostomy Supplies
- Wheelchairs
- Patient Room Equipment

WHEN YOUR CHOICE IS HOME

Joint Commission on Accreditation of Healthcare Organizations

1-800-922-6528

Primary Care Physicians
Practice Opportunities
City of Detroit

Recent practice acquisition has created opportunities for board certified/board eligible physicians in family practice, internal medicine and pediatrics. Competitive salary and fringe benefit package available. Academic appointments available.

Please send CV to
Practice Opportunities
17570 Meadowood Ave.
Lathrup Village, Michigan
48076

MICHIGAN
Urologist - BE/BC

Potential of sharing call and overhead with successful existing practitioner in resort community. Enjoy lake and riverfront living in beautiful Northern Michigan, 40 minutes from Traverse City. Ideal area for exciting four-season outdoor activities.

For further information call: Deb Glicker
Mercy Health Services North
(800) 395-4128

or Fax CV to (517) 348-4839.

Mail CV to: Dr. Stephen Reznicek, 828 Oak Street, Cadillac, MI 49601

Would you like to place and ad? The rate of classified advertising in *Michigan Medicine* is $1.00 per word, with a minimum charge of $50.00. Copy for classified advertisements should be received no later than the first of the month preceding the month of publication. To place an ad, contact Kristen Lare at (517) 336-5747 or fax (517) 336-5797.

SERVICES AVAILABLE

Detroit X-Ray and Ultrasound Sales—Frank Bykowski—Affordable equipment, new and pre-owned, C-arms, fluoroscopic and general x-ray rooms, free consultations, evaluations and appraisals, pain management imaging equipment, upgrades and retrofits. Call toll free: (888) 338-9729; or fax (810) 716-9025.

PRACTICES FOR SALE

General Medical Practice—Western Wayne County. Long-established practice with equipment. Retiring physician will stay during transition.

Family Practice—Suburban Wayne County. Thirty-year plus practice. Medical equipment; physician is retiring.

General Practice—Detroit. Well-established practice with excellent opportunity; real estate included.

Physical Therapy—Downriver/South Michigan/Mid-Michigan (three locations).

Neurology Practice—Mid-Michigan.

General Practice—Detroit. Well-established practice. Retiring physician will stay during transition.

We have prospective purchasers for medical and dental practices in Michigan. If you are considering selling a practice, give us a call, we may already have a buyer.

Medical Suites & Buildings for Sale/Lease

McNabnay & Associates, Inc. can assist you. We maintain a database of available medical and dental properties in Wayne, Oakland and Macomb Counties. Give us a call and we will develop a list of properties that meet your requirements. We keep all inquir-

Harper Associates

Physician and Healthcare Placement Specialists

We are currently working with a number of organizations in search of BC/BE physicians in various settings and locations throughout Michigan, Ohio, and nationwide.

OPPORTUNITIES AVAILABLE

ANESTHESIOLOGIST-Cleveland
DERMATOLOGIST-Lansing
FAMILY PRACTITIONERS
HEMATOLOGIST-ONCOLOGIST-Western Michigan
GENERAL SURGEON-Southeastern Michigan
MED/PEDS-Lansing
PEDIATRICIANS-Lansing
PSYCHIATRISTS (Child)-Central Michigan
PULMONOLOGIST- Western Michigan

Many ongoing searches in other specialties.
For details please contact: Cheryl Nowak, R.N.

(248) 932-1170 Fax: (248) 932-1214
Harper Associates
29870 Middlebelt, Farmington Hills, MI 48334

ies confidential! Also, call for a free copy of our listing catalog. **McNabnay & Associates, Inc. (248) 258-5900 Medical Building Specialists.**

POSITION OPEN

Physician and philanthropist with knowledge of chemistry required for unique research project involving genetic related degenerative disease. Contact Kevin Wagner (313) 584-5298.

Director of Physician Practices—Full-time practice director is needed to plan, market, recruit, negotiate contracts, and coordinate business between Munson Healthcare and the 25+ member physician group. A board-certified MD or DO with five years practice and management experience within a group practice, or an MBA or MHA with three years management experience in a group practice is required. Leadership experience with physicians and governance issues necessary. Area is one of great natural beauty in northwestern lower Michigan. A rapidly growing resort city with excellent schools, four-season recreation, and community spirit. Contact: Sue Axtell, recruiter, (800) 713-3206; fax (616) 935-7191; email bbrundag@mhc.net; Munson Medical Center, 1105 Sixth Street, Traverse City, MI 49684-2386.

LEGAL SERVICES

ERNEST P. CHIODO, M.D., J.D., M.P.H.
Physician - Attorney
* Legal Representation of Physicians
* Peer Review
* Licensure and Discipline
* National Practioners Data Bank
(810)791-6737

COLONIAL VALLEY SOFTWARE, INC.

MEDICAL SYSTEMS

presents

Lectronic Pegboard

The first choice in computer systems for the medical practice.
First in Service & Support



"If you don't have service, you don't have a system."

Transmitting to more payers, cost free, than any other Computer System in Michigan!

Complete Turnkey Systems include:

- All Equipment
- All Software
- Onsite Training
- One Year Warranty & Maintenance
- Price starts below $10,000

Let Colonial Valley Software, Inc. provide you with high-tech solutions and give you old-fashioned service.

1-800-359-1002 or (810) 733-6070

3398 S. Dye Road, Flint, MI 48507

"Medical Economics" continued from page 15.

tract provisions. MMA also has developed an analytical tool to evaluate samples of fee schedules that represent 70-80 percent of physician costs, and calculate conversion factors based on RBRVS values. Physicians who are interested in MMA's contract review and negotiation services should call Tom Wolff at (517) 351-0041 ext. 266 or twolff@mpmlc.com. ■

Mr. Wolff is manager of Physician Networks and Contracting Services for Michigan Medical Advantage. Mr. Kardell is manager of Capitation and Rate Development for Michigan Medical Advantage.

PRACTICE IN THE LAND OF LAKES

- Family Practice
- Orthopaedics
- NP's or PA's for Rural Health Clinics

Fully accredited 60-bed hospital Rehabilitation unit
Clinically broad practices with regional referral availability

Private practice or hospital-based practice

Call coverage

Excellent benefits.

For more information call:
Diane Thompson
(616) 324-4068
Three Rivers Area Hospital
1111 West Broadway
Three Rivers, MI 49093

Equal Opportunity Employer

Three Rivers Area Hospital



For Special Patients... Customized Care

DIPLOMAT PHARMACY

OFFERS

"CUSTOMIZED MEDICATIONS"

We work with physicians in many fields including:

UROLOGY
- penile injectables and tri-mix
- interstitial cystitis treatments
- urethral inserts

ONCOLOGY
- pain management
- hard to find chemo agents
- customized strengths

FERTILITY
- progesterone products (all forms)
- complete fertility supplies for all regiments

HORMONE REPLACEMENT THERAPY
- progesterone, tri estrogen, testosterone and combination products
- oral, sublingual, transdermal

CHRONIC FATIGUE
- co enzyme Q 10
- DHEA - oral and transdermal
- customized vitamin injections

NEUROLOGY AND HEADPAIN
- ergotamine compounds
- customized formulas and combinations
- nasal sprays, sublingual, suppositories (including discontinued and unavailable products)

ALLERGISTS
- specialty compounding for patients allergic to dyes and fillers
- nasal irrigations

DERMATOLOGY
- all formulas and combinations

COMPOUNDING SPECIALIST

DIPLOMAT PHARMACY

CUSTOMIZED MEDICATIONS

G-3426 Flushing Rd. • Flint, MI 48504 • 810-732-8720

TOLL FREE
800-722-8720

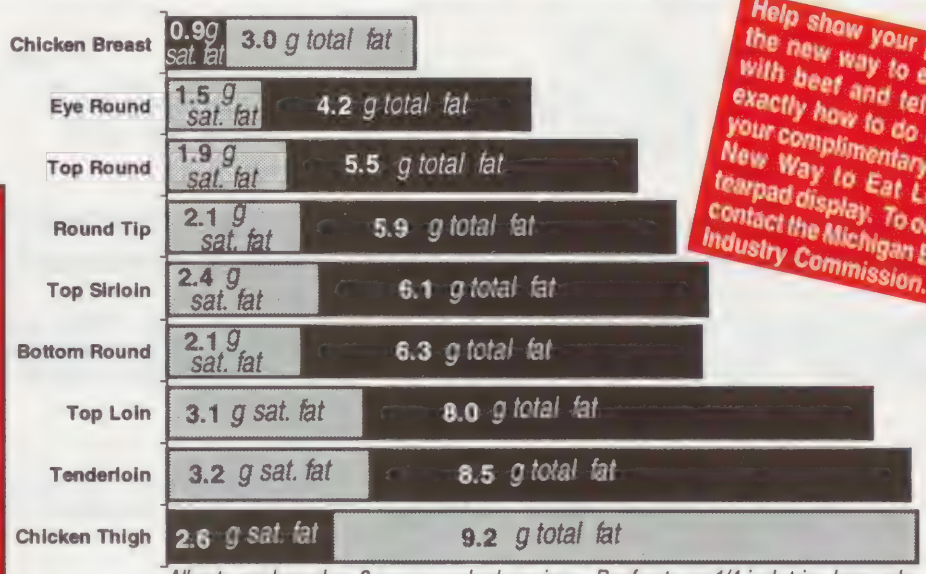
FAX 810-732-2580

MAILING SERVICE AVAILABLE FOR PATIENTS THROUGHOUT MICHIGAN

Today's beef. The new way to eat lean.

The good news:

There are seven cuts of beef that fall between the skinless chicken breast and thigh in terms of total fat.



All cuts are based on 3-ounce cooked servings. Beef cuts are 1/4 inch trim, lean only.
Source: USDA

How to choose it

Today's beef is leaner than it used to be. In fact, the average thickness of fat around the edge of steaks and roasts has been reduced from 1/2 inch to less than 1/8 inch, with more than 40 percent of cuts having no external fat at all.

When choosing a lean cut of beef, remember to look for "loin" or "round" in the name (e.g. sir*loin*). These are the leanest.

Help show your patients the new way to eat lean with beef and tell them exactly how to do it with your complimentary "The New Way to Eat Lean" tearpad display. To order, contact the Michigan Beef Industry Commission.

Michigan Beef Industry Commission
2145 University Park Drive, Suite 300, Okemos, Michigan 48864
(517)347-0911 Fax: (517)347-0919 http:\www.MIBeef.org

Confirming the Past, Creating the Future

To keep ahead of the competition you need to plan your future with sound advice from skilled specialists. At Plante & Moran we offer just that—proactive personal and business advisory and consulting services in addition to traditional accounting and auditing services. With us, your interests come first—because when you succeed, we succeed. For more information, please call us: (517) 332-6200.

- Financial Statement Service
- Tax Return Preparation
- Tax Consulting
- Strategic Planning
- Personal Financial Planning
- Family Business & Succession Planning
- Benefit Plan Administration
- Litigation Support & Practice Valuation Services
- Prepairing for Managed Care
- Productivity & Quality Improvement

PLANTE & MORAN, LLP

Certified Public Accountants • Management Consultants
1111 Michigan Avenue, East Lansing, Michigan 48823
(517) 332-6200 • Fax (517) 332-8502

New MEDICAL PROGRAM

WINDOWS™ 95/NT AND 32-BIT POWER FOR ALL OFFICE FUNCTIONS:

- Billing
- Scheduling
- Charting
- Orders
- Prescriptions
- Managed Care
- Referral Tracking
- Year 2000 Ready
- Keyboard Optional

(Providers use Pen Tablet computer on wireless Windows™ 95/NT network; touch screens for staff)



Bennethum Corporation is proud to introduce a new cutting-edge medical computer system.

BennPro/32™

NOT EVOLUTIONARY — REVOLUTIONARY

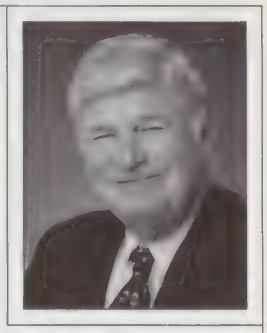
Arrange a personal demonstration of BennPro/32™ today.

Bennethum Corporation
West Bloomfield, Michigan
1-800-982-2623
sales@bennethum.com

BENNETHUM CORPORATION

ADVERTISER'S INDEX

Bennethum 63
Binson's Home Health Care 57
Blue Cross Blue Shield of Michigan 40
Brainerd 54
Caylor Nickel Clinic, PC 1
Colonial Valley 59
Cunningham Group 9
Davis Smith 52
DMC Health Care Center 57
Global Holiday 47
Harper Associates 58
HCFA 10
Hospice 55
Jirous 49
J.J. Merck Pharmaceutical (Pepcid AC) 48
Medical Protective 53
Mercy Health Services North 57
MESSA 16
Michigan Clinic for TMJ/Facial Pain 44
Michigan Beef Council 63
Michigan Health Council (MOM) 49
Michigan Medical Advantage ..... IBC
Michigan Pain Management 56
Michigan Physicians Mutual Liability Company .... BC
MSMS Group Insurance Trust 41
MSMS Physician Services Group 17
MSU/ Weekend MBA 54
Physicians Leasing 57
Picom ..... IFC
Plante & Moran, LLP 62
Premier 10
Saint Francis, OSF 52
Staff Care 54
Star Insurance 4
Stratton Cheeseman & Walsh 35
Three Rivers Hospital 60
Two Men and A Truck 56



Grassroots involvement

You can *make a difference*

By Peter A. Duhamel, MD

MSMS President

In several of my previous president's pages I have talked about the effectiveness of grassroots participation by all of the doctors of Michigan, and the unbelievable impact it can have on our legislators.

Probably the largest example of grassroots involvement would be our 10,000-person Physician Rally on the Capitol lawn in October of 1985, which was the crowning effort in the successful passage of the medical tort reform bills.

A more recent example was our "Virtual Rally" scheduled on February 9, 10 and 11, of this year, in which over 1,000 physicians placed telephone calls, e-mails or faxes to the members of the Michigan Senate expressing physician opposition to Senate Bill 104—advanced practice nurse independent prescriptive privileging.

The short range result of this intense pressure from physicians on the members of the Senate was that Senator John Schwarz, MD, the author of Senate Bill 104, agreed to meet on February 11 with the leaders of MSMS to discuss our specific objections to the bill. The meeting was most amicable and we pointed out several concerns regarding this bill. The most important problem we saw in the bill was the language of the "collaborative relationship" that would render advanced practice nurses completely independent of any oversight by the collaborating physician. Senator Schwarz agreed to incorporate language from the Medical Society that would ensure that the nurse prescriber could do so only under the *supervision* of the collaborating physician, as specified in the Michigan Public Health Code; in essence, maintaining current law.

On February 12, with MSMS objections removed, the full Senate passed the amended bill 37-0. The innocuous bill now will be passed on to the Michigan House of Representatives.

At this time, I want to personally thank each and every physician in Michigan who responded to our grassroots alert for the Virtual Rally. This time your voices were heard and an optimal response was accomplished.

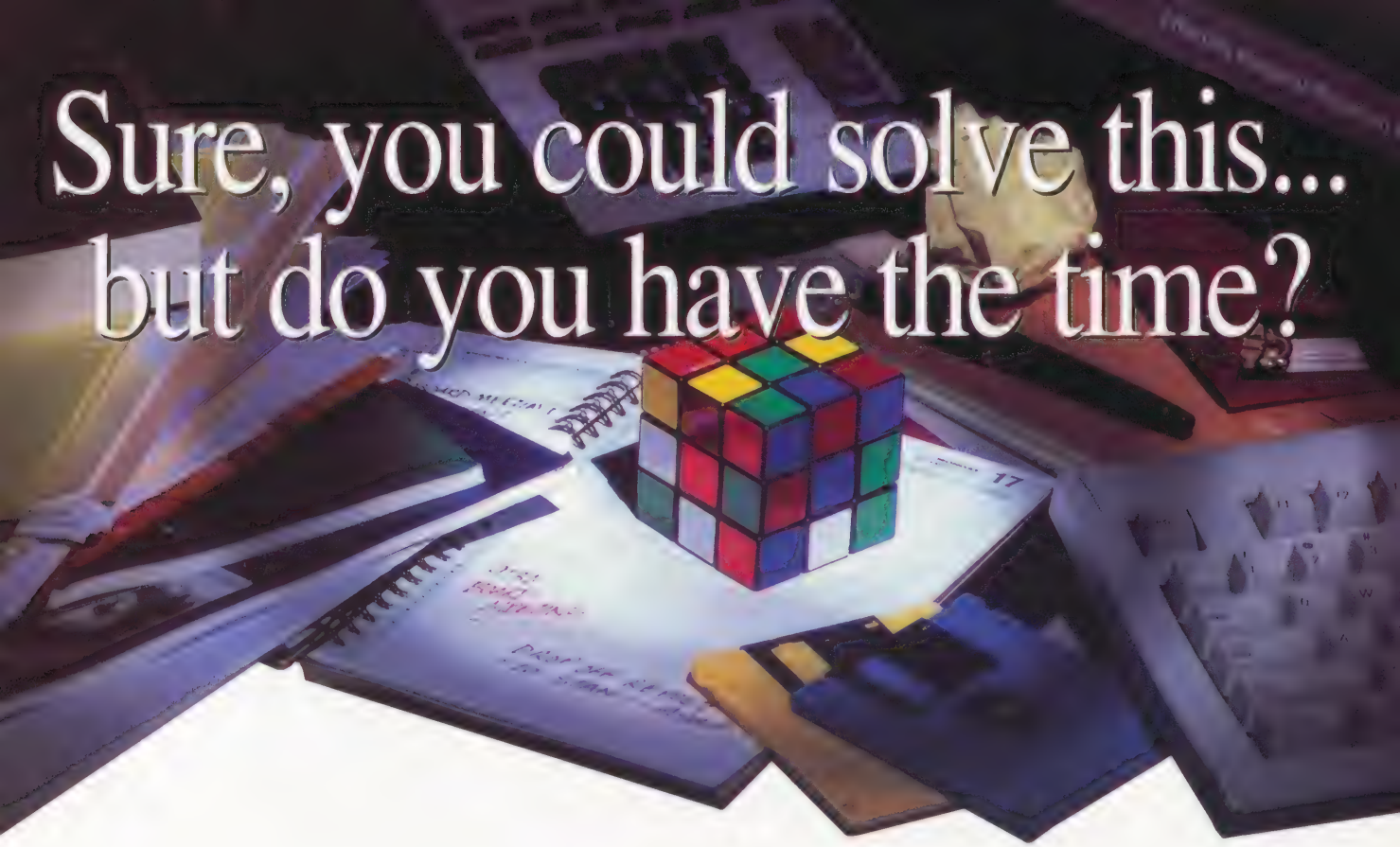
I also want to thank the staff of the Michigan State Medical Society for their unflagging efforts to get the word out to all of the physicians in their offices to contact their Senators. With a staff like this, we can't lose.

This is just one of many issues in which *your* grassroots efforts can and did make the difference for the good of the health of our patients. One of our next major efforts will be to support Supreme Court candidates this fall.

The nurse independent prescriptive privileging issue, however, is not dead yet. We will very likely need to call upon you again to make sure the amendments we agreed upon remain in the House of Representatives' version.

Now that you have acted in a positive way with good results, doesn't it feel good to know you *can* make a difference? ■

One of our next major efforts will be to support Supreme Court candidates this fall.



Organizing and managing an IPA, PO or PHO
is like solving this puzzle.

❖

Eventually you will do it,
but you need to solve it *now*.

❖

Michigan Medical Advantage
has been around this block before.

❖

Our knowledge and experience
become your tools and resources
to help you organize and manage
your IPA, PO or PHO.

❖

It's really a simple solution.

❖

Call Michigan Medical Advantage
to see how we can help.

❖

517-336-1400

Ask for Kevin J. Cawley
Chief Operating Officer

MA
Michigan
Medical Advantage
Physician-owned. Physician-minded.
To empower physicians.

Affiliated with the Michigan State Medical Society and Michigan Physicians Mutual Liability Company

Other Insurers Say They'll Stand Behind You When You Have a Claim

NATIONAL LIBRARY OF MEDICINE
NLM 01292063 0



MPMLC Stands in Front of You.

After all, fighting legal battles isn't your business, it's ours.

When it comes to professional liability, Michigan Physicians Mutual Liability Company (MPMLC) will be your shield, **defending you against non-meritorious claims** and protecting your reputation. Our experienced claims staff will forge ahead in your defense. And we'll **keep fighting** until your claim is resolved.

MPMLC is highly rated by A.M. Best and Standard & Poor's. This means you can be confident we have the financial strength to keep you safe, even in the heat of battle.

We're also guarding your future by providing: customized coverage, excellent hands-on service, competitive pricing, and nationally recognized risk management programs that will help minimize the threat of future claims and also can qualify you for premium discounts.

So, you keep doing what you do best, and we'll keep doing what we do best — shielding our policyholders from financial risk. For more information or a quotation, please call our representatives at the Stratton, Cheeseman & Walsh Agency, **1-800-968-4929**.

- Rated "A-" (Excellent) by A.M. Best and "A+" by Standard & Poor's
- Customized Coverage
- Policyholder's Consent to Settle Claims
- Proactive Risk Management
- Competitive Rates
- Prior Acts Coverage Available
- Free Retirement Tail Available

MICHIGAN PHYSICIANS
Mutual Liability Company

The endorsed medical liability insurance provider of the Michigan State Medical Society and the Michigan Osteopathic Association.

Free-standing ambulatory surgical clinics • Blues discoveries • Foundation update

W1 MI22J 1998
V.97 NO.4
C.01--------SEQ: M33700000
TI: MICHIGAN MEDICINE 05/13/98

Michigan Medicine

April 1998 • Vol. 97, No. 4 Award-Winning Journal of the Michigan State Medical Society



NATIONAL LIBRARY OF MEDICINE
PROPERTY OF THE NATIONAL LIBRARY OF MEDICINE

ION IN YOUR FUTURE?

**********MIXED ADC 481
47367 S 5 19
NATIONAL LIB OF MEDICINE
IM S223603 BLDG 38 RM BLW10
8600 ROCKVILLE PIKE
BETHESDA MD 20894-0001

Prepared.



With PICOM on the lookout, you have a liability protection partner who helps you stay on firm ground.

Our job is to be prepared in an ever-changing environment. We're constantly scouting for new ways to deliver solid coverage that adjusts to your special needs.

Our experienced team steers you clear of obstacles with their expert guidance for reducing risk. And our eye to the future keeps you pointed in the right direction.

So, go ahead.
Choose your path
with confidence.
And enjoy the climb.

PICOM
INSURANCE COMPANY

Insuring - and reassuring - the health care community

800/292-1036

PHYSICIAN ON BOARD

Climb on board for auto insurance discounts!

Good news! As a member of the Michigan State Medical Society, you now get a discount on auto insurance through AAA Michigan. You can get these special savings because of the overall favorable driving habits of your colleagues.

We also offer a variety of other discounts including a 10% group discount on homeowners insurance and additional discounts for insuring multiple products with AAA Michigan. So climb on board and save!



Contact your local AAA Michigan office for a free quote today!

AAA Michigan

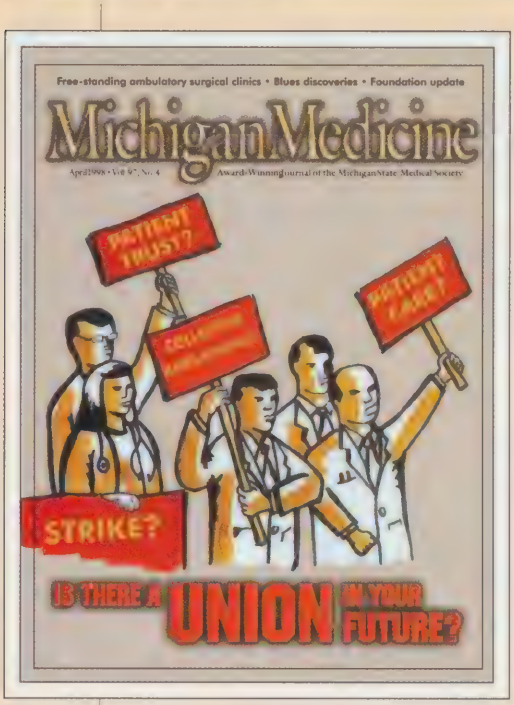
or call 1-800-AAA-MICH • www.aaamich.com

Insurance is underwritten by the Auto Club Group Insurance Company and is subject to normal eligibility requirements.

Award-Winning Journal of the Michigan State Medical Society

MichiganMedicine

COVER STORY



Cover design and illustration by Abbott Press

IS THERE A UNION IN YOUR FUTURE?

Physicians must stay informed, educated as national debate unfolds 24

Physician unions recently are the topic of much debate and inquiry. Although physician unionization has existed since the 1970s, a sudden resurgence has sparked the age-old question "should physicians unionize?" Here is a careful examination of the pros and cons involved in this issue.

By Edward B. Hirshfeld, JD

FEATURES

MEDICAL ECONOMICS

Free-Standing ambulatory surgical clinics 6

Thanks to the incredible scientific and technological advances of the past 100 years, surgical patients now have another choice—free-standing ambulatory surgical centers—offering all the benefits of a hospital, and then some.

By Lisa Weatherford

VIEWPOINT

A legislative outlook: The political nature of federal health care reform 10

The President sent a strong message to the health care industry during his State of the Union address.

By Thomas E. Stone, MD

FOUNDATION UPDATE

MSMS Foundation thanks 1997 donors 14

The Michigan State Medical Society Foundation thanks the following individuals and organizations for their generous support over the past year.

By Robert E. Paxton, MD

April 1998 Volume 97, Number 4

MSMS Internet Website Address: http://www.msms.org/

MSMS E-mail Address: msms@msms.org

FEATURES

BIOETHICS

Implementing advance directives 18

Advance directives have an important place in medical practice.

By James Waun, MD, James B. Kilway, MD, and Kornelius VanGoor, MD

PHYSICIAN PROFILE

The Garcias: A motivated family on a mission 20

For six weeks during the fall of 1996, Dan Garcia, MD, his wife, Linda, and their four children pounded the pavement, and the doors, as they solicited donations from Battle Creek residents.

By Cathy L. DeShano

PHYSICIAN PROFILE

Harry Allis, MD 36

Harry Allis, MD, a retired orthopedic surgeon, played end and kicker for the Michigan Wolverines in the glory years from 1948 to 1951.

By Karen Bouffard

LIFE'S PLEASURES

Blues discoveries 38

Good news for blues lovers: check out this review on the hottest new blues recordings

By Roy S. Goodman, MD

SPECIAL FEATURE

Quality consultant brings Deming's philosophy to MIMQ 44

One of health care's pioneers speaks to MSMS's newly formed Michigan Institute of Medical Quality.

By Kathleen Farrell

DEPARTMENTS

ASK OUR LAWYER 8
IN YOUR FUTURE 49
EDUCATIONAL OPPORTUNITIES 50
PEOPLE 52
CLASSIFIED 56
AD INDEX 63
PRESIDENT'S PERSPECTIVE 64

Look for Michigan Medicine On-line at http://www.msms.org/

MD Too often, it stands for Multiple Distractions

Everything is moving fast in healthcare today - especially the technology.

Keeping pace is a tough challenge. Add the distractions of managing a private practice plus the expense of keeping equipment up to date - and you need a minor miracle to stay on top professionally and financially.

Caylor-Nickel Clinic has been serving Northeast Indiana since 1917.
We've stayed on top by keeping in touch with technology and in touch with the needs of our physicians.

We take care of the administrative distractions while you practice with fifty highly respected and supportive physicians. As a key contributor to this top performing team, we know you will need the time and energy to focus on your family and your profession.

The most advanced technology is on-site, right at your fingertips.

At the same time, you'll enjoy all the advantages of prospering in a safe and friendly, picturesque community. If you prefer an urban environment, Ft. Wayne is only 25 minutes away.

Additional incentives include:

- Built-in referrals to maximize your income.
- The security of a competitive salary guarantee plus bonuses.
- Automobile program.
- Fully paid malpractice insurance.

If the distractions of your practice have diverted you from your personal and professional goals, we invite you to visit Caylor-Nickel Clinic.

Openings exist at our progressive 50 physician group, for doctors specializing in:

- Dermatology
- Emergency Medicine (FP/IM)
- Family Practice
- Internal Medicine
- Orthopedic Surgery
- Pediatrics
- Rheumatology

For a full description of the physician's role and rewards with Caylor-Nickel Clinic, call Gregg Kurtz, CPC at 1-800-756-2663.

Caylor-Nickel Clinic, P.C.

One Caylor-Nickel Square • Bluffton, Indiana • 46714

Executive Director
William E. Madigan

Committee on Publications
John H. McLaughlin, MD
Birmingham, Chair
Thomas R. Berglund, MD
Portage
Jeffrey M. Jones, MD
Battle Creek
Dorothy M. Kahkonen, MD
Detroit
John M. MacKeigan, MD
Grand Rapids

Director of Communications
Sheri W. Greenhoe
Managing Editor
Kristen M. Lare

Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editor nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. **Michigan Medicine** reserves the right to accept or reject advertising copy. Products and services advertised in **Michigan Medicine** are neither endorsed nor warranteed by MSMS, with the exception of a few.

Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news, exchanges and classified advertising should be addressed to Kristen Lare, advertising to Judy Hudson, and address changes to Janet Button, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

MICHIGAN MEDICINE
Michigan State Medical Society
P. 0. Box 950
East Lansing, Michigan 48826-0950.
Phone 517-337-1351
©1998 Michigan State Medical Society

Design, layout and prepress by Abbott Press, East Lansing, a subsidiary of MSMS.

PRINTED WITH SOY INK

SOCIETY OF NATIONAL ASSOCIATION PUBLICATIONS

Michigan State Medical Society

the Voice of 14,000 Michigan Physicians

Officers

PRESIDENT	Peter A. Duhamel, MD, *Rochester*
PRESIDENT-ELECT	Cathy O. Blight, MD, *Flint*
IMMEDIATE PAST PRESIDENT	W. Peter McCabe, MD, *Grosse Pointe Shores*
SECRETARY	Thomas R. Berglund, MD, *Portage*
TREASURER	Billy Ben Baumann, MD, *Pontiac*
SPEAKER	Dorothy M. Kahkonen, MD, *Detroit*
VICE SPEAKER	Paul O. Farr, MD, *Grand Rapids*

Board of Directors

CHAIR	Krishna K. Sawhney, MD, *Farmington Hills*
VICE CHAIR	Kenneth H. Musson, MD, *Traverse City*

District Directors

DISTRICT 1	Hassan Amirikia, MD, *Detroit*
	James P. Gallagher, MD, *Detroit*
	Richard P. Horsch, MD, *Farmington*
	Cecil R. Jonas, MD, *Detroit*
	Krishna K. Sawhney, MD, *Farmington Hills*
	Joseph J. Weiss, MD, *Huntington Woods*
DISTRICT 2	Mitchell A. Rinek, MD, *Lansing*
DISTRICT 3	Jeffrey M. Jones, MD, *Battle Creek*
DISTRICT 4	James B. Kilway, MD, *Kalamazoo*
	David J. Millard, MD, *Paw Paw*
DISTRICT 5	John M. MacKeigan, MD, *Grand Rapids*
	M. Gary Robertson, MD, *Grand Haven*
DISTRICT 6	AppaRao Mukkamala, MD, *Flint*
DISTRICT 7	D. Moore Hislop, MD, *Port Huron*
DISTRICT 8	Thomas A. Egleston, MD, *Saginaw*
DISTRICT 9	Kenneth H. Musson, MD, *Traverse City*
DISTRICT 10	Devendra Sharma, MD, *Tawas City*
DISTRICT 11	Robert C. Packer, MD, *Muskegon*
DISTRICT 12	Jaak M. Pahn, MD, *Sault Ste. Marie*
DISTRICT 13	Rudy W. Stefancik, MD, *Hancock*
DISTRICT 14	Rudi Ansbacher, MD, *Ann Arbor*
	Rhoda M. Powsner, MD, *Ann Arbor*
DISTRICT 15	Mark D. Kolins, MD, *Troy*
	John H. McLaughlin, MD, *Birmingham*
	Alan M. Mindlin, MD, *Pontiac*
	Donald B. Muenk, MD, *Warren*
EXECUTIVE DIRECTOR	William E. Madigan

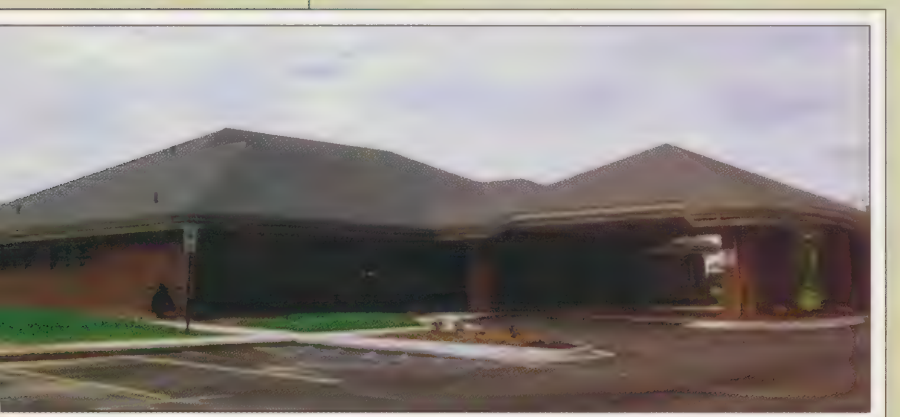
Free-Standing ambulatory surgical clinics

New technology brings controversy

By Lisa Weatherford

The last century in medicine has brought about more hope for longer healthier lives than the rest of history combined. But the delivery of medical care has changed little. When you are ill, you see your doctor. When you are very ill, you go to a hospital. And when you need surgery, again, you go to a hospital. Or maybe you don't.

Thanks to the incredible scientific and technological advances of the past 100 years, surgical patients now have another choice—free-standing ambulatory surgical centers—offering all the benefits of a hospital, and then some. Easy access, much shorter waiting and recovery times, lower infection rates, and much lower costs would seem to make ambulatory centers the obvious choice for both patients and insurance providers. In Michigan, however, at least one member of the jury is still out.



Genesis Surgical Center—a free-standing surgical clinic in Lansing.

On the "cutting edge"

One of the first such centers in central Michigan was opened in 1996. Glascco, now known as Lansing Surgery Center, was started by dermatologist Gregory Messenger, MD, in conjunction with several other physicians. At the time, Doctor Messenger thought they were on the threshold of a revolution in surgical healthcare for the area.

"In 1996 we opened the first (Lansing) surgical center owned by physicians. We applied for the State-required Certificate of Need (CON) and we needed the magic 1,000 patients per operating room per year. So we pooled our resources. (We) thought insurers would want to participate. They participate in nearly every other state because we can save them 50 percent or more."

Then came the first blow. After completing the necessary number of surgical procedures, the group applied for participation with Blue Cross and Blue Shield of Michigan (BCBSM). That application was denied based on BCBSM's own Evidence of Need Determination.

Kevin Lavery, MD, an opthalmologist and chairman of the board of Blake Woods Medical Park Surgical Center in Jackson and a former Glascco partner recalls what happened next. "We took them to court . . . and we won." He concedes, however, the battle was won, but the war still rages. Although Glascco was granted a permanent injunction requiring BCBSM to participate with the facility and to provide reimbursements for its services, the circuit court order is being appealed. In the interim, he says, "BCBSM continues to violate its governing statute (PA 350) with respect to all other physician-owned free-standing ambulatory surgical centers not included in the court order," including Blake Woods.

A systemic problem

But to these physicians and many more, the issue at hand is much more critical then reimbursement. It is a fundamental flaw in the system. From their point of view, it restricts competition, it keeps costs climbing, it stifles free enterprise, and most importantly, it denies patients a choice.



A surgical team performs gallbladder surgery at the Genesis Surgical Center.

To Edward Nebel, MD, a Port Huron orthopedic surgeon, it's a "David and Goliath story." In November 1995 his group applied for the CON. In early 1996 they were denied due to changes to the CON requirements, which were promoted by a hospital insurance coalition. He now continues his own battle in court, not as much for his practice, as for his principles.

"At my stage in practice it's the principle of the thing. The rights of the group should not supersede individual rights. It is corporate medicine versus patients. And physicians are the number one patient advocate. Right now we are stymied. But we are going to win because we are going to educate the payers."

Harmful to physician, patients, community

Doctor Messenger also feels the legislative and reimbursement roadblocks ultimately hurt the patient and the community at large. "Number one, I believe quite strongly that we physicians have to do what is best for the community and for the patients. Anytime you start to downsize, the big guys are going to be upset. Surgery centers are a downsized kind of health care. But the cost to the community is less and the whole concept is patient friendly."

Federal legislation, however, does recognize the many benefits and the cost savings of surgical centers. The recently proposed Stark Amendments – which outlaw physician referrals to businesses in which they own an interest – specifically exempt surgical centers, and Medicare participates with accredited facilities.

So while Michigan insurance providers lag behind Washington, surgical center physicians make the allowances they must to continue to care for their patients. For Doctor Lavery, this may mean performing some surgeries at Foote Hospital because local managed care providers do not allow service to their insured at Blake Woods. But he remains optimistic. "I am really proud of Blake Woods. It is warm and inviting and our patients love it."

Doctor Messenger agrees, both Lansing Surgical Center and its sister facility Genesis Surgery Center, also have received rave reviews from patients. From his vantage point the facts speak for themselves. "Ambulatory surgery is win/win for the patient and for the doctor. There is the time savings, easy access, the lower infection rate, and it's cheaper. It is simple," he explains, "here's an easy way to save millions of dollars in health care."

For further information on free-standing surgical clinics, please contact Mary Anne Ford at MSMS at (517) 336-5721 or maford@msms.org. ■

The author is an East Lansing-based freelance writer.

"Ambulatory surgery is win/win for the patient and for the doctor. There is the time savings, easy access, the lower infection rate, and it's cheaper. It is simple, . . . here's an easy way to save millions of dollars in health care."

Doctor Messenger



Release of Patient Records

By Richard D. Weber, JD

MSMS Legal Counsel

Question: **Physicians commonly include information such as HIV results, chemical abuse, and mental illness when they take a patient's history. When a physician is asked for records, what conditions should the physician be wary of sending to insurers without special permission? These requests may also come from others, including attorneys. Telemedicine also raises questions regarding what information can be transferred without getting specific permission. Any advice relative to these issues would be helpful to practicing physicians.**

Answer: Information required by a physician in attending any patient in a professional capacity that relates to treating or prescribing for the patient is confidential under the physician-patient privilege statute. As a general rule, a physician should not release medical information covered by the privilege without a consent signed by the patient or a court order. It should be understood that a subpoena without a court order and/or a consent signed by the patient is not sufficient. A physician who receives such a naked subpoena should contact the issuing attorney, whose name should be on the subpoena, and request either a signed patient consent or a court order. This request should be confirmed by letter.

There are two areas that require more than a general consent signed by the patient to release records. A specific statute mandates that a consent to release HIV/AIDS records must make specific reference to the release of that information in the consent. Another statute also requires that a physician must determine that the release of mental health information would not be detrimental to the recipient or others. These special requirements must be understood by physicians who treat HIV/AIDS patients and/or mental health patients. The specific reference to HIV/AIDS records are not typically in an insurance company's form release to be signed by the patient and given to the physician. A physician with this information in a patient's records should insist that a more specific release be obtained from the patient before HIV/AIDS information is released.

The law protecting the confidentiality of patient records is no different in the telemedicine context. Physicians practicing telemedicine with respect to patients in Michigan must comply with the same confidential requirements as physicians providing direct care to patients in Michigan. Obviously, the telemedicine arrangement complicates the issue, but physicians still have a duty to provide reasonable security measures to assure that their patients' data are made available only to the recipients who are authorized by the patients. Such measures could include passwords, security cards, software and hardware that may prevent unauthorized messages from reaching the wrong source. It may be necessary to include systems to verify the authentication of medical records and verify the accuracy of transmitting such records. The systems should be regularly monitored and updated. Confidentiality of patient records is one of the many significant new and yet unresolved legal issues presented in telemedicine.

There are a number of statutory exceptions to the requirement that medical records only be released based upon the written consent of the patient or a court order. These include the automatic waiver in providing the 182-day notice as a condition precedent to a malpractice case; abuse laws relative to children, adults, nursing homes, and mental health patients; information pertaining to patients infected with HIV; violence; certain areas relative to disclosure to the parents of minors; and other areas. A comprehensive list and explanation of these exceptions is set forth in MSMS legal counsel's article published in the April, 1994 edition of *Michigan Medicine*. ■

The author is senior partner with Kerr, Russell & Weber, Detroit.

Editor's Note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Kristen Lare, P.O. Box 950, East Lansing, MI 48826-0950.

Announcing...

Malpractice Insurance Alternatives!

Cunningham Group

"Insurance and Risk Management Services Since 1947"

Call Toll Free: 888.656.7070

As specialists in malpractice insurance, the Cunningham Group can offer you top-rated and cost-effective malpractice insurance alternatives for:

• Individual and Group Practice Physicians and Surgeons •
• Clinics • Surgery Centers • IPAs • PHOs • MSOs •
• Multi-Specialty Practices •

For Additional Information, Contact:
Terri L. Richards
888-656-7070 or 616-465-7070
Fax: 616-465-5007
Cunningham Group

Office Locations:
Stevensville, Michigan • Cleveland, Ohio • Chicago, Illinois
Houston, Texas • Columbus, Ohio • Pittsburgh, Pennsylvania

A legislative outlook

The political nature of federal health care reform



By Thomas E. Stone, MD

The President sent a strong message to the health care industry during his State of the Union address on January 27, 1998. However, in stark contrast to his Health Security initiative in 1993, the president has taken a more conservative approach to reform.

The subject of health care reform was thoroughly treated in the President's speech. He received big applause for his championing of an unrestricted physician/patient relationship, his concern for fraud and abuse, and his criticism of managed care companies for substandard health insurance coverage. While much of what the president advocates falls under the legislative goals MSMS's physician members, his ideal reform, however politically centrist, may still find Republican roadblocks as it makes its way through Congress.

Republican and presidential leadership

Since any major health care reform requires strong presidential leadership, the Republican leadership in Congress is attempting to seize the issue while the President focuses on his legal and international affairs. The President may have the upper hand in setting a mandate for reform, but Congress controls what kind of reforms get sent to his desk. With scandal-weakened presidential leadership, the Congress will assuredly set the tone for debate. However, the Republican leadership, if it is not careful, may run the risk of offending members of their own party by opposing popular Republican and bipartisan sponsored health care legislation. The balance of power in this situation does not bode well for the types of legislation MSMS would like to see passed into law.

Key legislative issues

The issue of the Employee Retirement and Income Security Act of 1974 (ERISA) is of particular importance to MSMS's members. Under current law, ERISA exempts managed care companies from liability if their denial of medical services results in undue injury or death (liability is limited only to the cost of denied service). Physicians can also be held liable even if they recommended the denied procedure. There are several bipartisan bills pending that would remove the ERISA exemption. Congressman Norwood (R-GA) and Senator D'Amato (R-NY) are sponsoring the Patient Access to Responsible Care Act, which was denounced along with other patient protection legislation by House Majority Leader Armey (R-TX) in a general memorandum. Michigan Congressman Kildee (D-Flint) also has legislation pending on this issue and will continue to be a strong advocate for this type of legislation.

Most managed care organizations have made it standard practice to restrict physicians from informing their patients of all treatment options without prior approval. Congressman Ganske (R-IA) is sponsoring a bill with Presidential and large bipartisan support (295 co-sponsors in the House) to make it illegal to restrict physicians in this way. However, its passage is unlikely as the Republican leadership opposes it.

The Balanced Budget Act of 1997 penalized physicians who privately contract with Medicare beneficiaries for Medicare-covered services for two years, exempting them from all Medicare reimbursement. The legislation proposed by Senator Kyl (R-AZ) to allow private contracting has support in Congress, but is vigorously opposed by the White House.

New health care legislation

On February 19, Congressman Dingell (D-MI) announced that he would be introducing a Patients' Bill of Rights for all Americans. It

comes on the heels of President Clinton's executive order extending the Patients' Bill of Rights to all federal employees. Dingell's plan would assure patients high-quality health care by guaranteeing important protections such as access to the specialists they need, coverage for emergency services, an internal and external appeals process, confidentiality, and patient participation in medical decisions. Dingell said in a statement, "I support managed care reform that will provide common-sense consumer protections for patients in managed care . . . I have heard complaints from both consumers and doctors about the quality and delivery of coverage."

White House Domestic Policy Council Director Bruce Reed said that Clinton is likely to support the bill and that the White House is working with Dingell to craft the legislation.

Grassroots action: You can make a difference!

There is a possibility for reform of ERISA, Anti-Gag, and Private Contracting in 1998. The political future of the Dingell bill is uncertain at this point, but it certainly will revive the health care debate in Congress. The key to selling these issues is emphasizing patient freedom and managed care accountability, as the President did in his State of the Union address. It is very important to remember that Michigan's physicians can make an impact on these reforms too. Legislators listen to their constituents. Contact them and make your concerns known.

For further information regarding federal legislative issues or suggestions on contacting your legislator, please contact Kevin A. Kelly, managing director at (517) 336-5742 or kkelly@msms.org. You may also contact Dustin May, executive office intern at (517) 336-5754 or dmay@msms.org. ■

The author is chair of the MSMS Federal Legislative Committee.

Northwestern Michigan
live ... work ... play ...

Just Listed a Stunning Walloon Lake Home.

bay harbor • charlevoix • harbor springs • petoskey
walloon lake • torch lake • traverse city • suttons bay
Previews • Resort • Commercial Property

Nancy M. Carey, M.A., C.R.R.S.

(616) 347-7600, (616) 347-5374 Fax
(616) 487-0331 Residence
(616) 487-0332 Home Fax
645-6096 Cellular
ncarey@triton.net E-mail

COLDWELL BANKER
SCHMIDT REALTORS®

For Special Patients...
Customized Care

DIPLOMAT PHARMACY

OFFERS

"CUSTOMIZED MEDICATIONS"

We work with physicians in many fields including:

UROLOGY
- penile injectables and tri-mix
- interstitial cystitis treatments
- urethral inserts

ONCOLOGY
- pain management
- hard to find chemo agents
- customized strengths

FERTILITY
- progesterone products (all forms)
- complete fertility supplies for all regiments

HORMONE REPLACEMENT THERAPY
- progesterone, tri estrogen, testosterone and combination products
- oral, sublingual, transdermal

CHRONIC FATIGUE
- co enzyme Q 10
- DHEA - oral and transdermal
- customized vitamin injections

NEUROLOGY AND HEADPAIN
- ergotamine compounds
- customized formulas and combinations
- nasal sprays, sublingual, suppositories (including discontinued and unavailable products)

ALLERGISTS
- specialty compounding for patients allergic to dyes and fillers
- nasal irrigations

DERMATOLOGY
- all formulas and combinations

COMPOUNDING SPECIALIST

DIPLOMAT PHARMACY

CUSTOMIZED MEDICATIONS

G-3426 Flushing Rd. • Flint, MI 48504 • 810-732-8720

TOLL FREE
800-722-8720

FAX 810-732-2580

MAILING SERVICE AVAILABLE FOR PATIENTS THROUGHOUT MICHIGAN

"Thank You."



A relaxed, low-key Victorian atmosphere.

"Terrific."



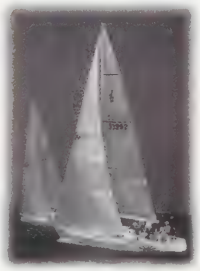
450 holes of Michigan's best golf.

"Great Job."



More than 100 resort shops and boutiques.

"Super Choice."



The beauty of Lake Michigan.

MEET IN PETOSKEY-HARBOR SPRINGS AND YOU'LL HEAR ABOUT IT.

Northern Michigan's premier resort area is also its finest meeting site: a combined 115,000 sq. ft. of meeting space adapts to large or small groups; 1,600 affordable rooms in full-service resorts, historic inns, and charming hotels; easy access via major highways; experienced meeting coordinators to help with all the details. FOR A FREE GUIDE to facilities, accommodations and activities, please call:

BOYNE COUNTRY

1-800-845-2828

Petoskey~Harbor Springs~Boyne Country Visitors Bureau
401 E. Mitchell St., Petoskey, Michigan 49770 • www.boynecountry.com

Medical Alumni Reunion and Clinic Day

Wayne State University School of Medicine

Heart

Saturday, May 9, 1998

Treatment and Prevention of Coronary Artery Obstructive Disease

9:30 a.m. - 12:15 p.m.

James Marsh, MD
Professor of Internal Medicine
Director of Cardiology Research
Wayne State University
Current Role of the Cardiologist in the Prevention and Treatment of Coronary Arter Disease

Jeffrey Altshuler, MD
Cardiovascular Surgery
William Beaumont Hospital
Current Surgical Treatments of Coronary Artery Disease

Fred W. Stransky, PhD
Director, Meadowbrook Health Enhancement Institute
Oakland University
Standards in Interventions for the Primary Prevention of Coronary Artery Disease

Anju Sikand, MD
Assistant Professor of Pediatrics
Wayne State University
Complimentary Therapies in the Prevention of Heart Disease

12:15 p.m.

Annual Alumni Luncheon
Student Awards
Elvis Smith Alford, MD and Nellie Corbin Alford Memorial Scholarship award
The Saul Brown, MD Endowed Memorial Prize in Pathology
Dr. Morris S. Brent Award

Robert J. Sokol, MD, Dean
State of the School Report
Irvin Reid, PhD, President, Wayne State University

2:00 p.m.

Visit the Medical Alumni Association Web Site
"A Prescription for an IRS Exclusion"
Tour of the Medical School and Detroit Medical Center

7:00 p.m.

Reception and Dinner Dance
The Somerset Inn, Troy, MI
Presentation of the Distinguished Alumni Awards and the Lawrence M. Weiner Awards

Sponsored by: WSU School of Medicine Alumni Association
540 E. Canfield, Room 1128, Detroit, MI 48201 (313) 577-3587

MSMS Foundation thanks 1997 donors

By Robert E. Paxton, MD

The Michigan State Medical Society Foundation thanks the following individuals and organizations for their generous support over the past year.

Your gifts are much appreciated to "Michigan physicians' own philanthropy."

You may use a variety of vehicles for donating funds to the MSMS Foundation, including gifts of cash, bequests, gifts of life insurance, retirement assets or stocks, and planned giving arrangements, including charitable remainder trusts and charitable remainder annuity trusts. You may wish to give in the name of a family member or friend you'd like to honor. All of these opportunities are open to you and help you extend your commitment to caring for Michigan people through the grants made by the Foundation to community health promotion projects across the state. In addition, they provide tax benefits.

If you would like to make a contribution to the MSMS Foundation, please contact Judith E. Marr, executive director, MSMS Foundation, at 517/336-5744, or 517/337-2490 (fax), or jmarr@msms.org.

Mission Statement

Michigan State Medical Society Foundation is a nonprofit charitable organization sponsored by the Michigan State Medical Society. Its purpose is to advance the field of health for the public good. The mission of the Foundation is to achieve the following:

* Stimulate, support and/or initiate lay or professional education, research programs, and projects in the field of health.
* Encourage the advancement of healthy lifestyles, the prevention, diagnosis or cure of disease, and the care of the sick and the dying.
* Provide a vehicle for the Michigan State Medical Society to foster humanitarian public service in health education and research, and to provide support for physician who suffer impairment.
* Develop and administer funds for the support of health education and research.
* Provide a resource for the management and distribution of signature funds or bequests designated for special health education and research purposes.

Officers

Robert E. Paxton, MD, *President*
William E. Madigan, *Vice President*
Henry M. Domzalski, MD, *Treasurer*
Kevin A. Kelly, *Secretary*
Judith E. Marr, *Executive Director*

Board of Trustees

Busharat Ahmad, MD, FACS
Thomas J. Archambeau, MD
Gilbert B. Bluhm, MD
Anna H. Broecker, MD
Elizabeth A. Cherin
Nancy Crandall
Henry M. Domzalski, MD
Kevin A. Kelly
Vivian M. Lewis, MD
William E. Madigan
Robert E. Paxton, MD
Suzanne H. Pederson
Richard D. Weber, Esq.
MSMS President-elect, ex officio

Michigan State Medical Society
FOUNDATION
Advancing the field of health for the public good

"Doctors and Their Families Supporting Michigan Communities"

1997 Contributors List

Stockwell Society - over $5,000

BCBSM, Special Markets
BCBSM, Grand Rapids
BCBSM, Detroit
BCBSM Foundation
Monsanto
MPMLC & SC&W

Friends of Medicine - $1,000 to $4,999

The Accident Fund
Airtouch Cellular
Blue Care Network - Mid MI
Cheeseman, William
Delta Dental
Lexus of Lansing
Ingham Regional Medical Center
PSG
PICOM of Michigan
The Farhat Group
Edward J. Rutkowski, MD
Thompson & Ward Leasing
Jim Ward

Honor Roll - up to $999

Action Benefits
Association Benefits
Classic Travel
Green Spring Health Service
Hackney & Grover
Hooper, Walter J.
Kerr, Russell, & Weber
Medical Protective Company
NorthMed
Pendell Printing
Plante & Moran, LLP
PROM
Schwyn, MD, Robert
St. Lawrence Hospital
The Northridge Group
Unisource
Wilson, MD, B. David

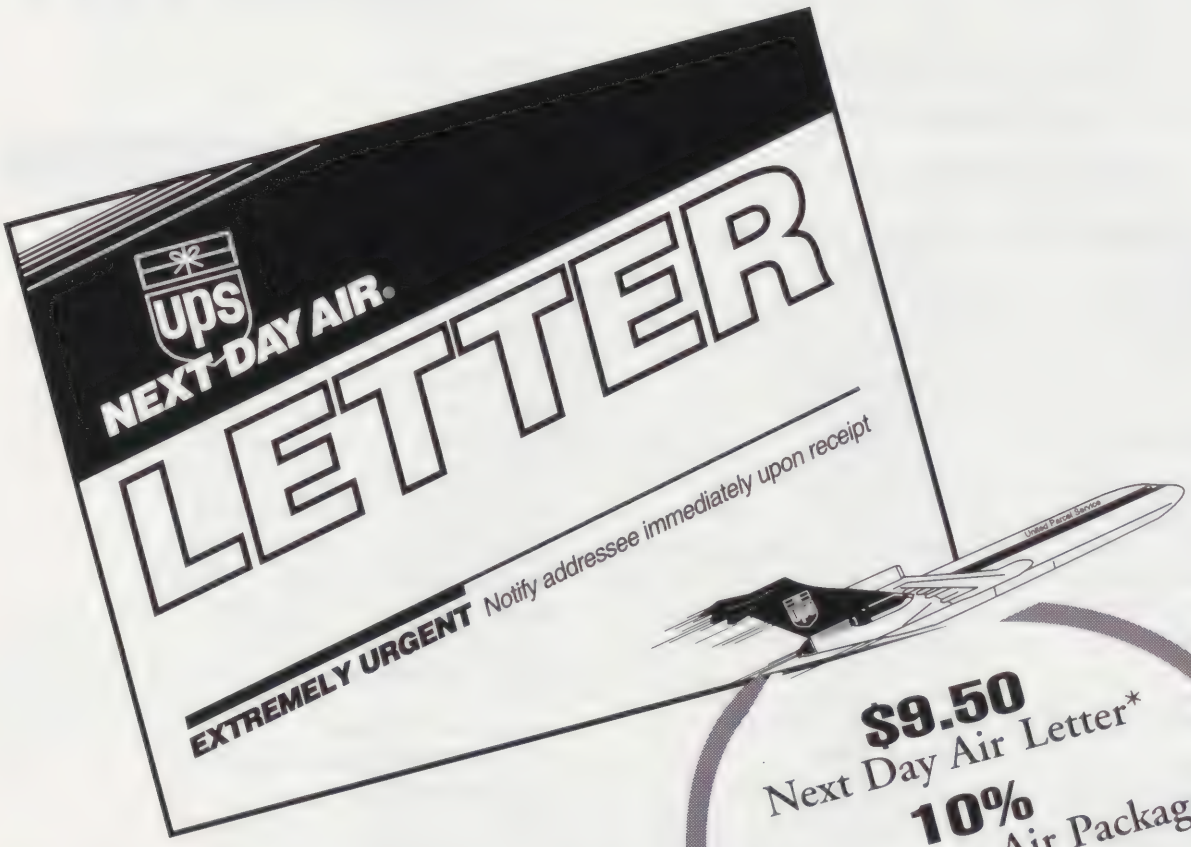
Patron Level - Up to $500

Abel, MD, Tama
Barker, Valerie
Blight, MD, Cathy O.
Bluhm, MD, Gilbert B.
Career Quest
Civitec Health Care
Crandall, Don & Nancy
Csordas, Lou
Evon, Jim
Grand Traverse Resort
Greenhoe, Sheri
Gregory, Janet
Jensen, Beverly
Kelly, Kevin A.
Madigan, William E.
Merck & Company
Mindlin, MD, Alan
MSU Athletic Department
Muenk, MD, Donald
Paxton, MD, Robert E.
Plasman, F. B. "Tom"
Reha, Dawn
Schut, Keith
Strumwasser, PhD, Ira
Vance, James
Wilcox, MD, Richard, Sr.
Wise, Robert K.

Sponsors - Up to $250

Ambrose, Bruce
Aronin, Greg
Batdorf, MD, John
Batdorf, MD, Joseph
Bays, MD, Ronald
Beggars' Banquet
Bensten, Donald
Bishop, Amy
Boettcher, Robert
Broecker, MD, Anna
Buckberry, Gary
Carrigan, Bart
Cataract/Eye Consultants
Cerny, MD, Ralph
Chalam, MD, C.
Chapin, MD, Maurice
Clark, Charles
Clinton, Kevin
Coury, MD, John
Crum, Joyce
Danysh, MD, D.
Detroit Redwings
Docherty, Bryce
Domzalski, Maralyn
Drewyor, Barbara
Duhamel, MD, Peter A.
Eggar, MD, John
Epolito, James
Esfahani, Lila
Evans, Joan
Farr, MD, Jr., Paul O.
Fiechtner, MD, Justus
Ford, Mary Anne
Greenman, Philip
Grennan, MD, Lawrence
Hepburn, Una
Hill, Roger
Hooper, Jay
Horton, Colleen
Hudson, Judy
Kapenga, MD, Jeanne
Kauffman, Kim
Kodak
Kolins, MD, Mark
Kudialis, Scott
LaGosh, Donna
Lansing Chamber of Commerce
Lansing Family Physicians
Lardie, Jann
Liechty, MD, Curtis
Litchfield Lawn & Garden
Lott, Roberta
Lyons, MD, James
MacKeigan, MD, J.M.
Magdea, MD, Ilie
Mahadevan, MD, S. V.
Maier, MD, Thomas
Marr, Judy
McCabe, MD, W. Peter
McMurray, MD, Richard
Michigan Festival
MSMS
Miller, Douglas
Morrison Lake Country Club
Newman Family Foundation
Nickhah, MD, Fazlolah
Novi Hilton
Ortwein, Robert T.
Potter Park Zoo
Richards, John
Richardson, Paula
Rinek, MD, Mitchell
Ritz Carlton Hotel
Robertson, Dale
Robertson, MD, M. Gary
Rockwood, John
Schock, Patricia
Shannon, Nancy
Smith, MD, Donald
Springer, MD, Bruce
Sterrett, MD, Michael
Stryker, MD, Audrey
Sun Medical Equipment
Sudderth, Greg
Suparrick, Barbara
Tarrant, Jim
U of M Athletic Department
Walker, MD, Mark
Walworth, Marylou
Woodmoor Drummond Island
Zannoth, Debbie
Zettell, MD, Lori Ann

New MSMS Member Benefit



$9.50
Next Day Air Letter*
10%
Off Next Day Air Packages
20%
Off Worldwide Express

Now members of the Michigan State Medical Society can take advantage of exclusive savings on overnight deliveries from UPS. That's because UPS has developed a special savings program on air express deliveries just for Michigan State Medical Society members. You save up to 35% over what other companies charge. All backed by UPS, the world leader in on-time deliveries to more than 200 countries and Puerto Rico, with guaranteed 10:30 AM delivery across the U.S.**

Plus, with UPS Total Track,[sm] our exclusive, nationwide cellular tracking system, you can find the status of your air express document or package at any time. We can even confirm delivery in seconds, and only UPS captures the recipient's actual signature electronically, providing absolute confirmation of delivery.

Overnight savings from UPS. For members only, guaranteed.

To sign up for this savings program, call 1-800-325-7000. Please reference special discount #C0000700458.

UPS®

MICHIGAN STATE MEDICAL SOCIETY
the Voice of 12,000 Michigan Physicians

*Drop box applicable within the 48 contigious states. Alaska and Hawaii customers should refer to Air Service Guide for service availability. Discounts apply to published letter and multi zone rates in effect at time of shipment.
**See Air Service Guide for guarantee and time-in-transit details. © 1997 United Parcel Service of America, Inc.

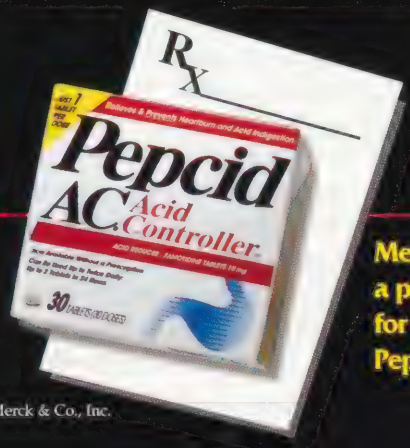
Pepcid AC Acid Controller.

Covered by Michigan Medicaid

ACID INDEPENDENCE

FREEDOM FROM THE HIGH COST OF HEARTBURN

• **Pepcid AC®**	**$0.28 per dose[1]**
• Ranitidine 150 mg	$1.48 per dose[1]
• Prilosec®* 20 mg	$3.59 per dose[1]



Medicaid requires a prescription for coverage of Pepcid AC® 10 mg

*Prilosec® (omeprazole) is a registered trademark of Astra Merck.

1. Sources: IRI, November 1997; *Red Book Update*, November 1997; IMS America, September 1997.

© Johnson & Johnson o MERCK Consumer Pharmaceuticals Co., 1998 ® Registered trademark of Merck & Co., Inc.

JVMC-039 2/98

Implementing advance directives

By James Waun, MD, James B. Kilway, MD, and Kornelius VanGoor, MD

Advance directives have an important place in medical practice. They promote planning for patients' medical care in unforeseen circumstances like unconsciousness from stroke or accident, when thinking and reasoning are impaired such as during a critical illness, and for patients facing death from conditions like terminal cancer or Alzheimer's Disease.

They encourage patients, families, and physicians to communicate about, and discuss, options and preferences for treatment for the time when patients are not able to make, or express, their own health care choices or decisions. MSMS's Bioethics Committee wants to promote their use.

Reports of the current situation surrounding the treatment of irreversibly, seriously brain damaged, critically ill, and dying patients is discouraging. We all know that medical technology can not rescue everyone from the jaws of permanent, catastrophic disability or death.

Patients who are dying, or for whom there is no hope for restoring function that is meaningful to them, deserve and need relief of pain and unpleasant symptoms, spiritual comfort, support for their loved ones, and to have their wishes for health care known, and honored. Physicians do not want their patients to suffer needless pain, especially those who cannot recover or are dying. Most physicians believe that it is appropriate to withdraw treatment that is not benefiting patients. But, too often, patients become trapped in a downward spiral of progressive mental and physical deterioration, with psychological and spiritual degradation. Desperately, physicians, patients, and families pin hopes on technology to somehow save the day, restore the unrestorable, and reverse the irreversible.

Why a new method is needed

The SUPPORT Study, underwritten by the Robert Wood Johnson Foundation, poignantly demonstrated this scenario. Forty percent of patients in the study spent 10 or more of their last days of life in an intensive care unit. Half of the patients who were able to communicate with their families described serious pain in the three days prior to death. There were marked discrepancies between what patients wanted, or what their families believe that they would have wanted had they been able to discuss and consider the gravity of the situation, and the treatment that they received. Often, physicians did not discuss the severity of illness, or possibility of death, until shortly before death. Half of the physicians did not know that their patients did not want resuscitation attempted; half of the "Do Not Resuscitate" orders on charts were written within a day or two of death.

The study concluded that, frequently, efforts at prolonging life for critically or terminally ill patients merely served to prolong their dying.

Physician involvement is essential

The study reported another disturbing fact: advance directives, even when present on charts, were routinely ignored. What seems like a reasonable speculation may explain this situation. Physicians may not have worked with their patients and families to develop the advance directives. If that was the case, the advance directives may have been too vaguely written to offer useable guidance for therapy, may have been incomplete and not covered some of the relevant medical facts or circumstances at hand, or, perhaps, the physicians did not even know of their existence. Physicians who plan ahead with patients and their families for the time when patients cannot give in-

formed consent for, or rejection of, medical therapy will be unlikely to discount or ignore advance directives that they helped develop.

The SUPPORT study did not measure patient or family satisfaction with physicians' services. But, it is easy to imagine many families of patients described in the study as being very dissatisfied. Studies of malpractice suits show that patient and/or family anger and dissatisfaction with physicians' services is an important factor in their decisions to institute legal action in a large majority of cases. Some physicians may think that they do not have time to spend discussing advance directives with patients and families. They certainly do not have time to spend dealing with angry, obstructive families of their severely and irreversibly damaged, critically ill and dying patients, or defending themselves in court. Taking the time to make contingency plans with patients and families likely will save physicians time. Using advance directives probably will reduce their practice-related stress and malpractice suit vulnerability.

Responsibility to patients

Physicians' responsibility for planing with their patients and families for making difficult decisions when unforeseeable situations arise in medical care is similar to responsibilities that financial planners and accountants have to their clients. It would be arguably malpractice for them to allow their clients to be caught seemingly off guard, significantly ignorant of their circumstances, without contingency plans, and find themselves suddenly bankrupt.

Further, it would be futile, and hopefully no accountant or financial planner would recommend, taking out short-term, high-interest loans that only briefly delays bankruptcy. It seems doubtful that physicians want their patients to assume the medical equivalent of "short-term loans," drastic, futile therapy that merely prolongs the process of dying, or "high-interest loans" that inflict disproportionate pain, suffering, and isolation from loved ones during the dying process.

Additionally, attorneys doing family practice have a responsibility to see that their clients have up-to-date wills and contingency power of attorney plans for unforseen, or unforeseeable, incapacity. As health specialists, physicians' use of advance directives as advanced planning devices for health care does not significantly differ from the planning responsibilities of financial or legal specialists. They all need to think, and work, proactively with their patients/clients and families to prepare for the possibility of incapacity.

Promoting physician-patient partnership

Thus, advance directives signify a partnership of patients, families, and physicians that prepares for the time when patients are unable to make, or express, their choices for health care. They provide an opportunity for conversation about ultimate values on life and death, wishes for, and risks and benefits of, health care options, and a process for designating a substitute medical decision maker for patients who are unable to do so.

For best use, patients need up-to-date advance directives, and physicians need to recognize when it is appropriate to "check up" on their patients' wishes for treatment in circumstances when substitute decisions must be made. *Michigan Medicine* will publish a series of short articles describing "triggers," self-reminders that can be incorporated into physicians' practice to check for the need to review, update, and prepare to use advance directives. The triggers will work like immunization, or standard preventive medicine schedules, informing physicians and their patients when it is time to review, and perhaps renew, plans for future medical care decisions and decision making.

continued on page 51

The Garcias

A motivated family on a mission

By Cathy L. DeShano

For six weeks during the fall of 1996, Dan Garcia, MD, his wife, Linda, and their four children pounded the pavement, and the doors, as they solicited donations from Battle Creek residents.

The daily drive— spurred by the family's desire to aid a Battle Creek homeless shelter desperately in need of repairs — took the Garcias to businesses and residential homes as they searched for a way to help "folks that fall through the cracks," said Doctor Garcia, an orthopedic surgeon with Great Lakes Sports Medicine and Orthopedic Center in Battle Creek and Kalamazoo.

"In our community, we're a settled family," he continued. "I do a very heavy load of work as a doctor, but it seems like outside of work, we can give to the community we live in."

The family first discovered the shelter— the Haven of Rest — when Linda Garcia read an article about it during the spring of 1996. Linda learned the building in which Battle Creek men and women could seek safety was in need of major renovations, most importantly a new roof, which shelter operators felt would help save the residence.

So the family went to work.

"It was a pretty extensive project. . . . The whole family felt we shared something."
Linda Garcia

Taking action

Linda and the three older children — Thomas, 13, Christine, 11, and Katie, 8— often headed out after school as they stopped at local businesses to garner money for the roof.

Once Doctor Garcia was able to wrestle away from his clinic work or a day of surgery, he joined the family, watching the youngest — Anna Rose, 3 — or knocking on doors along with the others.

"It was a pretty extensive project," said Linda Garcia, noting the children already had been learning about, and taking part in, community service projects at their school. "The whole family felt we shared something."

While the experience generated more family time, the husband and wife team also felt it allowed their children to experience a world previously unknown to them. "We have and there are those who do not," Doctor Garcia said. "I don't want my children feeling like the whole world is like our good life. They need to be a little humble of their situation."

By Thanksgiving of 1996, the family had raised about $8,000 to give to the shelter. However, their work didn't end there.

Going the "extra-mile"

About the same time the Garcia's were wrapping up their fundraising efforts, Linda learned of an additional way they could earn money for Haven of Rest—a Project Recognition award sponsored by *USA Today*. Those awarded the honor — given to just 10 individuals, groups or families around the country for distinct fundraising efforts — also would be given $2,000 to donate to their charity.

Linda Garcia submitted paperwork so the



The Garcia's accept their Project Recognition Award from First Lady Hillary Rodham Clinton during an awards luncheon in Washington D.C. in May 1997.



The Garcia family. (top left to right) Dan Garcia, MD, Anna Rose, Linda Garcia (bottom left to right) Katie, Thomas, and Christine.

family could be considered for the award, and the Garcia's learned several months later they had been among the 10 recipients chosen.

While the award provided additional money toward the roof, it also meant a trip to Washington D.C., and a visit with First Lady Hillary Rodham Clinton, for the family.

"The kids were thrilled to go," Doctor Garcia said. "They got to see all the things they've been studying in school. It also instilled the feeling that sometimes when you do good for somebody, you get a little recognition for it."

During the fall of 1997, the Garcia's again trekked down the streets of Battle Creek as they raised an additional $2,000 for the shelter officials, which, at that time, were still short of the money necessary to complete renovations.

Their efforts paid off, as Haven of Rest held a ground breaking ceremony for the remodeling project, which will find the shelter with new windows, walls and a roof.

Doctor Garcia — who has been practicing medicine for 10 years — said he found the experience allowed him to extend his ability to help others beyond clinic or hospital walls.

"People look up doctors as helpers of the community," Doctor Garcia said. "I certainly would encourage doctors to get involved in community service. We have the wherewithal to muster forces and prompt people to get involved." ■

The author is an Ann Arbor-based freelance writer.

"I certainly would encourage doctors to get involved in community service. We have the wherewithal to muster forces and prompt people to get involved."

Doctor Garcia



THE
MEDICAL PROTECTIVE COMPANY®

Professional Protection Exclusively since 1899

To reach your local office, call 800-344-1899.

GOLD CORPORATE AFFILIATE
MGMA
FOUNDED 1926
PROGRAM UNDERWRITER

Blue Cross Blue Shield of Michigan

Addressing your information needs

By Joyce A. Nurenberg

Blue Cross Blue Shield of Michigan (BCBSM) representatives recently met with us to go over their plans for service improvements and give us some facts and figures on their inquiry volumes. Starting with some statistical information, did you know that in 1997:

•CAREN (Computer Assisted Response Network) the telephone interactive audio response system responded to well over 3 million inquiries from providers on patient eligibility and benefit levels.

•DENIS (Dial-In Eligibility Network Information System) also handled over 3 million transactions. DENIS, a P.C.-modem based system, provides information about patient eligibility, contract benefits and claims status information for Local, NASCO, BCN and F.E.P. business and it also provides Drug History for the Local and NASCO systems (also known as DRAMS on DENIS).

•Telephone Inquiries - although currently on a call-back system (which we'll talk about later) BCBSM answered over 250,000 telephone inquiries from professional providers in 1997.

To further improve service BCBSM has started a gradual, phase-in approach, to eliminating its call-back system. This initiative calls for significant increases in staff at an annual cost of several million dollars.

"Live" servicing is already in place for Michigan facilities, dentists, and vision and hearing providers.

The next phases of live servicing will concentrate on servicing out-of-state physicians, because of their lack of access to alternative means of obtaining information (e.g., through the DENIS system or Physician's manuals) that are available to Michigan physicians.

By mid-summer, BCBSM should be able to tell us when Michigan physicians will begin to have immediate access to service representatives when the automation doesn't fulfill your needs.

Other service improvement initiatives under way at the Blues include:

- Improving CAREN to make it more user-friendly and also adding more information to the system.
- Introducing a new selection process for candidates for service positions to ensure they possess key skills.
- Revamping the training system to improve the knowledge level of service staff.
- Improving assessment and monitoring processes to improve overall quality.
- Encouraging the implementation of DENIS in doctors' offices.

For more information about DENIS, please call Lynn Norton at (248)486-2489. For information on Blue Cross Blue Shield of Michigan, please contact Joyce Nurenberg at MSMS at (517) 336-5722 or jnurenberg@msms.org. ■

The author is reimbursement ombudsman for MSMS.

IS THERE A UNION IN YOUR FUTURE?

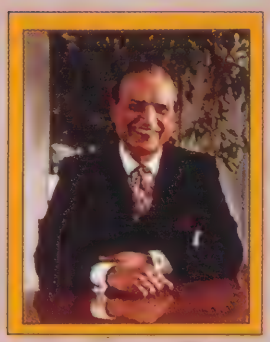


PHYSICIANS MUST STAY INFORMED, EDUCATED AS NATIONAL DEBATE UNFOLDS

Physician unions recently are the topic of much debate and inquiry. Although physician unionization has existed since the 1970s, a sudden resurgence has sparked the age-old question "should physicians unionize?" It is our duty as your medical society to carefully examine the pros and cons involved in this issue, and to educate *all Michigan physicians so that our voice is not lost in the debate.*

Presently, no one is able to predict where physician unionization is headed. But, one thing is certain: If unionization does come to pass, it needs to be done with "physician mindedness," not through the voice of the AFL-CIO. Therefore, the need for physicians to stay up-to-date, involved, and educated on this topic is absolutely vital.

This month's Michigan Medicine *features the most comprehensive report to date on the subject of physician unionization, which was delivered by the AMA general counsel at the December Interim Meeting of the AMA in Dallas. A question and answer portion on unionization prepared by MSMS legal counsel also is included.*



—Krishna K. Sawhney, MD
Chair, MSMS Board of Directors

Should physicians unionize?

Changing medical times bring the resurgence of an age-old question

By Edward B. Hirshfeld, JD, AMA Legal Councel

Two developments during the latter part of 1996 have spurred interest among physicians in union formation. One development was the August 1996 announcement of the American Podiatric Medical Union for podiatrists. The other was the November 8, 1996 ruling of a regional director of the National Labor Relations Board that physicians employed by the Thomas-Davis Medical Centers, PC, in Tucson, Arizona could form a bargaining unit and engage in collective negotiations with their employer.

Subsequently, union formation became a topic of discussion at a number of state and county medical societies and among other groups of physicians. As a result, the AMA has handled numerous inquiries about the laws of union formation, the activities unions are allowed to engage in on behalf of physicians. The activities of existing physician unions, whether medical societies can organize unions, and what activities medical societies can engage in to assist physicians other than starting a union. It has become clear that physicians want and need accurate information about this subject. The purpose of this report is to supply that information, and to propose a future course of action for organized medicine.

Why physicians are interested in union formation

Physicians who are interested in unions fall into two categories: those who are self-employed and those who are employees of group practices, hospitals, or another entity. The self-employed physicians are solo practitioners, or partners or shareholders in group practices. Those who are shareholders may technically be employees of the medical corporation involved, but they are also owners of the group practice, and therefore are considered to be self-employed.

Self-employed physicians are interested in unions because managed care health plans have obtained a significant amount of economic leverage over physicians. This leverage has enabled health plans to assume substantial control over medical decision-making for patients, drive down the incomes of many physician, and to threaten the viability of some physician practices.

Physicians have felt powerless to respond to this trend. Federal and state antitrust laws bar any collective action, such as boycotts, that would allow physicians to force health plans out of a market by refusing to participate on their panels.

Some health plans have not used their leverage solely to drive down costs. They have engaged in conduct that has been arbitrary, unfair, and generally cavalier toward physicians. These health plans believe that if they treat some physicians badly, they have enough economic leverage to get away with it. Often, they have. Self-employed physicians have felt powerless to defend themselves from these abuses.

This has led self-employed physicians to explore whether union formation will allow them to respond to the economic leverage of health plans with leverage of their own.

Employed physicians often became employees to escape the insecurity of being self-employed in the current environment. They have sought security of position and income, and protection from abusive practices by health plans. However, some employed physician have become disenchanted with practices of their employers. Some employers have demanded reductions in income, or have issued non-negotiable directives to their employed physicians. As a result, these employed physicians also have become interested in forming unions to engage in collective bargaining with their employers.

The status of physician unions

Although physician unions have drawn a substantial amount of attention during the past year, the number of physicians who are union

members is small. It is difficult to obtain accurate information about the number of members, but it is likely that between 14,000 and 20,000 physicians have enrolled. Of that amount, about 6,000 to 9,000 are residents employed at hospitals.

Physician unions are not a new phenomenon—they have existed for decades. For example, the Committee of Interns and Residents (CIR), which primarily represents residents employed by hospitals, was founded in 1957. Of the two largest unions that represent practicing physician, one, the Union of American Physicians and Dentists (UPD), was founded in 1981. However, sensing physician dissatisfaction with health plans, certain unions recently have targeted physicians, especially self-employed physicians in independent practice, for membership. These include the Office Professional Employees International Union (OPEIU), which is affiliated with the AFL-CIO, and the Service Employees International Union (SEIU).

The UPD is currently the largest physician union representing practicing physicians with about 5,000 members. According to its staff, about 55 percent of the members are employed physicians and about 45 percent are self-employed in independent practice. Dues are $700.00 a year for employed physicians and $420.00 for self-employed physicians. The disparity is attributed to the fact that the union can engage in collective bargaining for the employed physicians, but is barred by federal antitrust laws from bargaining on behalf of self-employed physicians. Self-employed physicians also pay a one-time membership fee to become part of an IPA, which is managed by the union. The IPA claims that it has three million covered lives. UPD is a sister organization of CIR.

The FPD is the second-largest union representing practicing physicians and has about 2,500 members. It is affiliated with the National Union of Hospital and Health Care Employees and with the AFL-CIO. Dues are $520.00 and it developed an IPA to negotiate contracts using the messenger model. The union is based in Tallahassee, Florida, and represents about 33 percent of the physicians in Brevard County, Florida.

According to a 1995 article in Medical Economics, the leaders of the FPD want to challenge established labor laws. The union claims to have plans to appeal to the Federal Trade Commission and the National Labor Relations Board for interpretations of federal antitrust and labor laws that would allow independent physicians to engage in collective bargaining. The union plans to argue that self-employed physicians are so highly controlled by health plans that they are, in reality, employees. However, to date no actions have been taken by FPD in this regard.

Of the two unions that have begun new efforts to represent physician, the OPEIU has had the most reported success to date. It has formed an affiliation with the American Podiatric Medical Association, and has formed the First National Guild for Providers of the Lower Extremities. State chapters of the Guild have been formed in Pennsylvania, California, Michigan, and New Hampshire, and the Guild is expected to form chapters in at least three other states. OPEIU expects to enroll 10,000 out of the nation's 14,000 podiatrists. However, there have been no reports of unions of physicians formed by the OPEIU.

OPEIU does not plan to engage in collection bargaining on behalf of self-employed podiatrists. To attract members, it emphasizes its relationship with the AFL-CIO and the influence of that organization in the Democratic party, and claims that it will be an effective lobbyist. It also emphasizes its relationship with union-sponsored and Taft-Hartley health plans through the AFL-CIO, and its influence over the health benefits plans of large, self-funded employers through collective bargaining agree-

HOW YOUR MEDICAL SOCIETY CAN WORK FOR YOU

- **Legislative and judicial advocacy.** Medical societies can reinforce their traditional function of aggressive advocacy on behalf of physicians and patients before legislatures and courts. Government advocacy has resulted in significant victories for physicians.
- **Advocacy before health plans on medical policy.** Antitrust laws allow medical societies to advocate medical policy before health plans. In the event that practicing physicians feel that a health plan is following a medical policy that harms patients, they may collectively demonstrate the error to the health plan and advocate an alternative policy. The medical society cannot, however, threaten or lead a boycott of a health plan that does not change its policies. However, the medical society can take the issue to the media, to legislatures, and the courts if an abusive practice is not corrected.
- **Advocacy about the hassle factor.** Antitrust laws allow medical societies to advocate the resolution of non-fee-related "hassle factor" issues with health plans on behalf of members. These include inefficient administrative processes that raise physicians' costs, undue delays in pre-authorization of services, delays in paying claims, poor grievance procedures, and others. When practicing physicians or their patients are adversely affected by one of these problems, a medical society may marshall information about the problem, confront the health plan about the issue, and aggressively advocate a resolution. This kind of representation can be carried on with an individual health plan, with a group of plans, or with a health plan association.

continued on facing page

ments negotiated by other AFL-CIO unions. OPEIU hopes to assure coverage for podiatry services through these relationships.

The other major union that hopes to represent physicians, SEIU, currently represents more than 500,000 nurses, medical technician, and other hospital employees nationwide. According to the Washington Times, the union is attempting to start a union of physicians in the Washington, D.C. area.

Unions representing residents were the first to organize physicians for collective bargaining. In 1976, the National Labor Relations Board ruled that residents are students, not employees, and therefore were not entitled to the protection of the National Labor Relations Act. However, in 1986, the Supreme Court of California found that residents are employees under California's Higher Education Employer Employee Relations Act and could form a union. The legal climate in New York State is also favorable to resident unions.

The largest union of residents is CIR. It is based in New York City, and represents 5,000-7,000 residents at about 50 hospital. It has led strikes and engaged in collective bargaining. At the present time, CIR has filed a petition with the National Labor Relations Board to certify a residents' union in Massachusetts. The AMA is supporting this petition.

The California Association of Interns and Residents if the other major union of residents, and has 1,000 to 2,000 members. It is currently affiliated with the Hospital and Health Care Workers Union Local 250 based in Oakland, California.

The status of unions in general

One of the reasons traditional unions such as the OPEIU may be interested in physician is a declining market share of their core constituency. The last 15 years have been difficult for unions, for a number of reasons. Increased competition from cheaper foreign labor resulted in

the closing of factories in the United State and moving industrial jobs to other countries. Advances in technology have resulted in the displacement of many traditionally unionized workers and a growth in the service industry without a commensurate growth of unionization in the service sector.

Most importantly, unions have been unable to assure job security and have had difficulty maintaining pay for their core constituency. The economic forces that have been changing the nature of the economy of the United States have been too great for unions to resist.

The cost of organizing a union

The cost of organizing and maintaining a union can be substantial. The union needs to be staffed, work with lawyers, economists, and accountants to prepare negotiating positions, hold meetings of the members, and communicate with members on a regular basis. Becoming certified as a bargaining unit is a costly process.

As an example, a group of Virginia physicians considered organizing a union and discussed the matter with persons associated with the AFL-CIO. They were told that the physicians should have 50 charter members contribute $1,000 each and commit to pay $100 a month to the union for a year.

The law of union formation

The labor exemption from the antitrust laws

There is a conflict between the goals of the antitrust laws and the labor laws. The purpose of the antitrust laws is to promote competition among providers of goods and services as a way to enhance consumer welfare. Competition leads to greater diversity among products and services, better quality, and lower prices. Therefore, the antitrust laws bar combinations and other collective actions among sellers or buyers of goods and services to raise prices or otherwise set the terms of dealing.

- **Assistance to individual members.** A medical society can aggressively advocate on behalf of individual physicians who have a grievance or a problem with a health plan. A medical society cannot threaten or lead a boycott if a health plan does not resolve the issue satisfactorily. However, the issue can be taken to other forums, such as courts, if a health plan does not correct arbitrary, unfair, or abusive treatment.
- **Provision of information about strategies for succeeding in the evolving health care system.** In order for physicians to preserve their autonomy and to thrive in the evolving health care system, it is essential that they receive information about market developments and strategies and options for adapting to change. Medical societies can be a trusted and credible source of this information.
- **Forming a management services organization or health plan.** A number of state societies have formed management services organizations to assist physicians who want to organize networks. The services handled by management services organizations include consultation and administrative functions that require expensive computer software, hardware, and personnel, such as claims administration, eligibility, and data gathering for utilization review and medical management. Start-up physician networks can get the benefit of sophisticated services without making major investments by relying on medical society management services organizations. Some states have formed health plans such as HMOs or PPOs. Some county societies have formed health plans.

This information was excerpted from the AMA Board of Trustees Report 41 A-97, prepared by Edward B. Hirshfeld, AMA General Counsel.

The purpose of the labor laws is to keep human labor from being treated as a "commodity" and to permit collective agreements and action among laborers to raise standardized wages and improve working conditions. Strikes, boycotts, and other collective activity to raise wages are permitted and even favored by the labor laws.

The antitrust laws are broad enough to cover human labor. Originally, federal cases found that labor was in fact subject to the antitrust laws, and collective activities among laborers designed to raise or standardize wages or otherwise affect the terms of dealing between workers and employers were illegal. Such activities had to be expressly exempted from the antitrust laws.

When the exemption applies:

To fall within the labor exemption, the activities involved must meet the following characteristics:

- The conduct must arise out of a "labor dispute" and must be the conduct of a "labor organizations".
- The labor organization must be acting in its own self interest – it should be acting to further its goals as a labor organization as opposed to the goals of another entity.
- The activities must involve the unilateral conduct of the labor organization. Collective action carried on with other entities, especially if those entities are not labor organizations, may violate the antitrust laws.

Ability of physicians to meet the conditions of the labor exemption and engage in collective bargaining

Employed physicians. Physicians who are employees fall within the labor exemption to the antitrust laws, and may engage in collective bargaining with their employers. However, physician employees who have attempted to form unions have not always had an easy path. Some courts have found that physicians are supervisory employees because their decisions direct other members of the health care tam such as nurses and technicians. When physicians are found to be supervisory employees as opposed to non-supervisory employees, they do not qualify for the protection of the National Labor Relations Act.

Loss of the protection of the National Labor Relations Act is a significant handicap. That Act is designed to protect and enhance the ability of employees to engage in collective bargaining by restricting the tactics that an employer can use to prevent the formation and operation of a union. The Act requires employers, for example, to recognize a union and to bargain with it. When physicians are classified as supervisory employees, their employer does not have to recognize their union, does not have to bargain with it, and the employer is not restrained by the regulations of the National Labor Relations Act in how it can attempt to break up the physician bargaining group.

Recognition of the physician bargaining unit at Thomas-Davis Medical Center, P.C. by the National Labor Relations Board was a significant victory for physicians. The physicians were not categorized as supervisory and have the protection of the National Labor Relations Act. Their employer, FHP, may attempt to challenge the decision of the National Labor Relations Board by disregarding it and refusing to bargain with the union. If such a suit is filed, the union will file suit in federal court, and the federal judiciary will review the decision. If that occurs, the AMA will support the position of the physician union.

Self-employed physicians. Before physicians can engage in collective bargaining under the labor exemption, the bargaining process must

What every physician needs to know about unionization

By Richard D. Weber, JD

Can physicians legally join a union?

There are no legal restrictions relative to joining a union. The issue is whether or not physicians can engage in collective bargaining. Under the federal labor and antitrust laws, collective bargaining is limited to employees in non-supervisory capacities, and then the bargaining may only be with the employer. This law applies to all professionals, whether physicians, attorneys, dentists, engineers, etc. The corporate practice of medicine doctrine in Michigan precludes corporate employment of practicing physicians, with the exception of nonprofit corporations and professional corporations which must be owned by physicians. The definition of "supervisor" was recently addressed by the 6th Circuit Court of Appeals, which establishes binding precedent in Michigan, to preclude licensed practical nurses from forming a bargaining unit on the basis that they have authority to assign and direct the work of others. It is therefore clear that very few physicians fit the criteria of employees in non-supervisory capacities.

Why is there such a "resurgence" of physician interest in unions?

Physicians are frustrated in managed care's control over their practices. This frustration has caused physicians to look to unions and collective bargaining. Unions have marketed their collective clout to physicians, but have not achieved success for them. Recently, the National Labor Relations Board rejected the petition of a large New Jersey physician group to join the United Food and Commercial Workers Local 56 to bargain with AmeriHealth HMO, on the grounds that the physicians are independent contractors and not employees of the health plan. The union plans to appeal to the court. A second organizing effort in New Jersey reportedly involving 800 physicians is underway. These physicians are attempting to join the International Association of Machinists and Aerospace Workers, an AFL-CIO affiliate, to collectively bargain with an HMO. There is no legal precedent which would allow independent physicians to bargain col-

be part of a labor dispute. For there to be a labor dispute, the collective bargaining must concern the terms and conditions of employment. Therefore, the physicians must be employees. There is no labor dispute for purposes of the labor exemption if the physicians are independent contractors, entrepreneurs, or independent businesses.

Self-employed physicians are not in an employment relationship. Instead, they are in independent practice. They are generally considered to be independent contractors, entrepreneurs, or independent businesses who do not qualify for the labor exemption.

However, in recent years, physicians in independent practice have lost authority to health plans and hospitals. In addition, health plans have enough economic leverage that physicians often feel compelled to accept many other terms of dealing.

Some have argued that physician who are not employees of a hospital or a health plan, but who are subject to a high degree of control by the hospital or health plan, should qualify for the labor exemption because they are not truly independent. This is a legitimate issue: the fact that persons who seek to engage in collective bargaining are not in a formal employment relationship does not conclusively disqualify them from the labor exemption. Courts will look at the nature of the relationship to determine whether the persons are employees in substance even though they do not have a formal employment relationship. Employers cannot escape the labor exemption and the protection extended to employees by the National Labor Relations Act and its successor statutes by calling their workers independent contractors instead of employees.

While courts are willing to look at the substance of the relationship to determine whether a person is an employee for purposes of the antitrust and labor laws, the concept of an employee is largely restricted to the traditional salaried or hourly employee who works during designated times at a designated place. There was a time when the definition of employee seemed to be more expansive.

The courts look at criteria to determine whether workers are employees or independent contractors. When the relationship between an

lectively with health plans and the Justice Department and FTC have warned that any such attempts would be deemed a violation of the federal antitrust laws.

Can MSMS negotiate on behalf of physicians?

With respect to independent practicing physicians, MSMS cannot negotiate and enter into agreements relative to reimbursement, or engage in coercive activities such as a boycott. MSMS may, however, express its views on behalf of itself and its physician members on any matter, including reimbursement.

Can MSMS assist physicians in collective bargaining?

To the extent physicians meet the criteria of employment in non-supervisory capacities, or to the extent the law may loosen in the future, MSMS can pursue the same collective bargaining rights on behalf of those physicians as can unions. MSMS has an active committee of employed physicians to deal with these issues.

independent physician and a hospital or health plan is compared to these criteria, it generally comes out that the physician is an independent contractor, and not an employee. The criteria and how they are interpreted with respect to physicians are as follows:

The extent of control which, pursuant to the agreement between them, the alleged employer may exercise over the worker. The greater the amount of control, such as the hours of work required and the time and place of work, the more likely it is that the individual is an employee. Independent physicians who contract with a health plan are almost never subjected to the same kind of controls that an employer places on employees, such as hours of work, vacation time, work rules, and many others.

Whether the worker is engaged in a distinct occupation or business. If so, that is more indicative of independent contractor than employee status. Physicians are clearly engaged in a distinct occupation or business.

The kind of occupation and whether the work involved is usually done under the direction of an employer. If the occupation is normally done by self-employed individuals, then that indicates independent contractor status. Historically, physicians have been self-employed, although that is changing—according to AMA surveys about 45 percent of physicians are now employed.

The skill required for the work involved. The higher the degree of skill, the more likely it is that the individual is an independent contractor. There are few occupations that require a higher degree of skill, the more likely it is that the individual is an independent contractor. There are few occupations that require a higher degree of skill than being a physician.

Whether the alleged employer supplies the instrumentalities, tools, and the place of work. If so, that indicates employed status. However, physicians in independent practice normally own o rent their own office space and equipment, and employ their own staff.

The length of time for which the worker is hired. Indefinite and long-term relationships are more indicative of employed status. Physician contracts with health plans are normally on an annual basis.

Can unions do more for physicians than MSMS?

MSMS can do for physicians anything a union can do for physicians, and MSMS can do it better. MSMS is owned, controlled and operated by and for physicians. MSMS understands physicians. Unions do not understand the culture of physicians. Union objectives often conflict with physician objectives. For example, MSMS recently achieved reversal of a significant ERISA preemption case in the Michigan Supreme Court. The Court of Appeals previously held that physicians could not sue BCBSM for breach of the participating contract for the reason that BCBSM was acting as an administrator of a General Motors employee benefit plan. Assisting BCBSM in its attempt to achieve such sweeping immunity was General Motors, the American Manufacturers Association and the United Auto Workers. Much of the frustration physicians encounter in managed care is generated by big business and unions. It is unlikely that unions could

Whether the pay is by time period or by the job. Physicians in independent practice are normally not paid a salary by health plans. They receive a fee for each service, capitation, or some blend of the two.

Whether the work is part of the regular business of the employer. If so, then the person is more likely to be an employee. There was a time when health care delivery was not part of the business of an insurer, but that is changing. Delivery is becoming an increasingly important part of the business of a health plan.

Whether the alleged employer and the worker believe that they have created an employment relationship. Normally health plans and physicians do not believe that they have an employment relationship.

The bar imposed by the antitrust laws on collective bargaining by independent physician recently was reinforced by a staff advisory opinion letter of the Federal Trade Commission.

It may be that in the future there will be large numbers of physicians who are employees, and that it may be possible to demonstrate that a union must negotiate on behalf of both the employed and independent physicians in order to protect the employed physicians. However, we have not reached that point yet.

Whether unions can engage in collective bargaining on behalf of physicians

Some physician believe that a union affiliated with the AFL-CIO that has been certified to represent an occupation in labor disputes can engage in collective bargaining on behalf of self-employed physicians in independent practice. That is not the case. The ability of any group of individuals to fall within the labor exemption and gain the protection of the National Labor Relations Act depends on the status of the individuals, not on the status of the organization that seeks to represent them. An AFL-CIO affiliated union that has been certified to engage in collective bargaining on behalf of a defined group of employees is not permitted to engage in collective bargaining on behalf o any individuals, regardless of whether they are employees or not. Since self-employed physicians in

objectively represent physicians in the managed care arena.

Is organized medicine doing anything to change the laws to authorize independent physicians to collectively bargain?

The Federal Trade Commission/Department of Justice guidelines regarding physician organizations, promulgated in 1996, establish safety zones for integrated physician organizations which share financial risk. This authorizes physicians within such integrated organizations to collectively negotiate with managed care organizations, and was a direct result of AMA's activities in Washington. Organized medicine has been pursuing changes to the antitrust laws as one of its top priorities, and the safety zones have been a substantial achievement, although more needs to be done.

The author is senior partner with Kerr, Russell, & Weber, Detroit—and MSMS Legal Counsel.

independent practice are independent contractors, not employees, no person or entity can engage in collective bargaining on their behalf.

A union can engage in collective bargaining on behalf of employed physicians under the protection of the National Labor Relations Act, provided that the union has complied with the procedures required by that Act to represent the employed physicians.

Union formation by medical association

Nothing in the antitrust laws prevents a medical association from action as a labor organization and engaging in collective bargaining on behalf of employed physicians who qualify for the labor exemption. To qualify for the ability to represent physicians in collective bargaining under the protection of the National Labor Relations Act, the association must qualify as a "labor organization" as defined by that act and be certified by the National Labor Relations Board. Under the National Labor Relations Act, a "labor organization" is defined as any group, agency, committee, panel, or plan in which employees, as defined in the National Labor Relations Act, participate, and which is established at lease partially for the purpose of dealing with the employer concerning grievances, conflicts, wages, rates of pay, hours, or other conditions of work. An entity does not have to have a formal internal structure to constitute a labor organization under the Act.

Therefore, it should be possible for a medical society to act as a labor organization under the National Labor Relations Act. However, conflicts of interest could arise, which might disqualify the society. For example, if some members of the board of trustees of the association are owners of HMOs or other health plans that the society wants to engage in collective bargaining, that conflict of interest may disqualify it.

Further, acting as a labor organization may compromise the tax-exempt status of a medical society. For example, to maintain status as a 501 (c) (6) organization, the association must engage in activities that benefit all physician, as opposed to a subset or a segment of physicians. Conferring a benefit on a narrow subset of physician may disqualify the society's exemption. Therefore, if a medical society wishes to form a union, it may be appropriate for it to form a separate organization to act as the union.

The ability of a medical society to qualify as a labor organization does not mean that it can engage in collective bargaining on behalf of any physicians anywhere. The society must first be certified to act as the bargaining representative of the employees of an employer. That process can be initiated by an employer filing a certification petition with the National Labor Relations Board or by the society filing a petition that claims that the employees of the employer want to be represented by the society. ■

This article is an excepted from the AMA Board of Directors Report 41 A-97 prepared by Edward B. Hirshfeld, AMA Legal Counsel. It can be found, in complete form, online at http://www.msms.org.

Harry Allis, MD

Rose Bowl revives memories for East Lansing physician

By Karen Bouffard

"If I hadn't played football, I wouldn't be a doctor," said Harry Allis, MD, a retired orthopedic surgeon who played end and kicker for the Michigan Wolverines in the glory years from 1948 to 1951.

During that time the University of Michigan led the Big Ten, winning two Rose Bowl victories, four Big Ten championships and two national titles.

"The coaching and guidance involved in college athletics contributes significantly to the development of young people," Doctor Allis said, sitting amid a sea of blue and gold in his memorabilia-packed East Lansing basement. Fingering old photos, he has a million stories of great games, good times and old friends. "Personally, I can say it did that for me."

"The coaching and guidance involved in college athletics contributes significantly to the development of young people."

"I wanted to be a pharmacist – but it was too hard to have a job, go to practice, and be in the lab all afternoon. So I switched to physical education," he said, noting he was the first member of his immediate family to attend college – a feat he accomplished without scholarships. "My last summer, I returned to pharmacy and took organic chemistry – but I was invited to play in Chicago in the All-Star game. Well, it didn't work out too well."

Doctor Allis graduated with a degree in physical education in 1951. He found his career options were limited.

"I looked back at all of my physical education courses and decided that anatomy was my best," he said. He decided on a career as an orthopedic surgeon. It took him 18 months to complete the 33 credits he needed to qualify for medical school. He started his Lansing practice in 1964, and worked for 25 years before retiring in 1989.

Doctor Allis said his journey to becoming an orthopedic surgeon is an example of "how athletics relate to personal development." Pointing to a team picture mounted on his wall, he picks out players he's stayed in touch with over the years. Among them are lawyers, dentists, social workers, an FBI agent, a clergyman, and several physicians. Four of his fellow teammates were in medical school while they were on the team.

The Class of '47 football team holds a reunion every five years. In a stroke of serendipity, the most recent was planned for the 1998 Rose Bowl game. Doctor Allis gained a small share of notoriety in January when reporters called to get his perspective on this year's national crown controversy. Michigan placed first in the AP poll, voted on by writers and sportscasters. But in the *USA Today*/ESPN coaches' poll, Nebraska claimed the championship. The result was a split decision.

The 1998 events were uncannily similar to what happened during the 1947-48 season. Doctor Allis proudly boasts he took a beating getting the varsity squad ready for the New Year's Day 1948 Rose Bowl game – though as a freshman he was forced to sit it out. That season, AP voters gave Notre Dame the national title in the final regular-season poll – before the Wolverines 49-0 Rose Bowl victory over Southern California. After U of M's triumph, pollsters took another vote, awarding a version of the title to the Wolverines. Today, both U of M and Notre Dame claim title to the '47 national crown. The Wolverines won the Rose Bowl again in 1951.

One of Doctor Allis' fondest memories is the "Battle of the Blizzard" fought in Columbus in 1950. Michigan needed a win over Ohio State to return to the Rose Bowl on New Year's Day 1951. The game commenced in a snowstorm with 28-mile-per-hour winds. "Three of us played the entire 60 minutes," Doctor Allis recalls. "We won 9-3 with twoblock punts, and did not get a first down!" When the game was over, Michigan had zero first downs, zero completed passes, 24 punts, 27 total yards and the victory it needed to go to the Rose Bowl. "That



Doctor Allis displays his blue and gold sports memorabilia room in his East Lansing home. (Photo courtesy of the Lansing State Journal)

was the year roses bloomed in the snow," Doctor Allis said.

Football and medicine have been good to him. He married Susan, also a U of M graduate, in his second year of medical school. Together, they raised four children: Tom, 38, an Annapolis graduate and Northwest Airlines pilot; Bob, 36, a physical therapist; Carol, 34, formerly Most Valuable Player in three sports at East Lansing High School, now an attorney; and Lee, 27, a budding actress working in San Francisco. The Allises have four grandchildren.

Doctor Allis admired his most recent blue and gold acquisition: a leaded glass Tiffany-style lamp with a solid, hand-poured aluminum base personally made for him by his friend Robert Topp, MD, who practices medicine in Plainwell, Michigan. Doctor Topp made All-Big-Ten as an end for Michigan in '53 and played two years for the New York Giants before graduating from medical school, Doctor Allis noted.

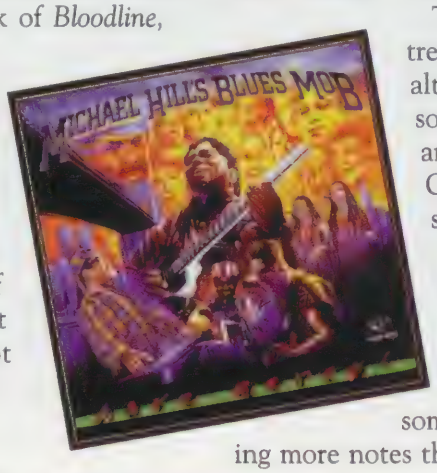
"I make it simple by saying if I hadn't played football, I wouldn't be a doctor," he said. "It builds a sense of competition, a sense that if it's worth having it's worth working for. Athletics are important to developing people and developing citizens." ■

Blues discoveries

By Roy S. Goodman, MD

I had never heard of Michael Hill's Blues Mob until they walked onstage at an outdoor blues festival, but one or two songs were enough to make me a dedicated convert. Their leader is, in my opinion, one of the best and most original new musicians in the blues, possibly the best. Hill is a rotund, amiable-looking young man. He's also an expressive, amiable-sounding singer and a dazzling guitarist.

The Blues Mob passes through Detroit once or twice a year, and they have got two CDs so far. From the opening track of *Bloodline*, "Can't Recall A Time," it's obvious that Hill is something special as a lyricist. He writes about social issues without being strident; "Soldier's Blues" by Vernon Reid is included on the CD, and it's a perfect example of the confrontational lyrics that Hill is smart enough to not write.



A "blues" tribute

Bluesman At Heart is a tribute to the fans who can't quit their day jobs but would love to be up there playing. Hill is literate, articulate, unconventional (one song includes the line "You stomp around the house like Godzilla, baby")—and when he wrote *Bloodline* he was only getting warmed up for the lyrics on the *Have Mercy* CD. Here he shows even greater maturity as well as a refreshing respect for women. There are very few lyin', razor-totin' babes in Michael Hill's world! The only blues lyricist who compares is Robert Cray—and I think I prefer Hill.

I know I prefer Hill as a guitarist. Practically every riff is fresh and inventive, and the solos range from pretty good to very good. Playing a futuristic Steinberger guitar, Hill produces sounds from biting staccato to seemingly endless sustain, riffs from a jazz-inflected caress to a blues-rock roar. He plays slide guitar sparingly and judiciously; I'm especially impressed by the eerie effects on "Falling Through The Cracks."

The Blues Mob is an extremely adequate backing band, although some of the keyboard solos are a little lame. *Bloodline* and *Have Mercy* are two long CDs with only four or five not-so-hot songs between them.



A welcome discovery

I forgot where I discovered Melvin Taylor, but I'm glad I did. Taylor is famous (in some circles notorious) for playing more notes than practically anybody. But you can't call it "blistering speed" because even at top velocity Taylor sounds—especially in his first two jazz-inflected CDs, *Melvin Taylor Plays The Blues For You* and *Blues On The Run*—cool and collected. To me, all of the numerous notes make sense and the remarkable speed creates an interesting, distinctive sound.

Melvin Taylor And The Slack Band is more rock-oriented, and *Dirty Pool* even more so. Taylor makes a few gaffes in these two: he forces "Voodoo Chile" and "Born Under A

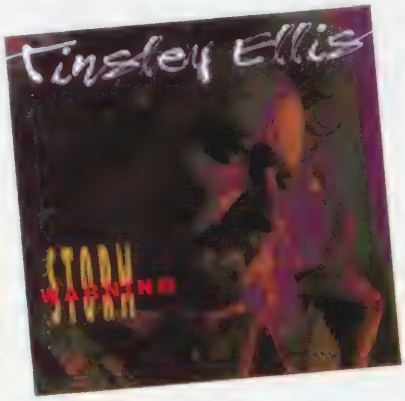
Bad Sign" into standard 12-bar patterns, and he seems to be obsessed with trying to outdo Stevie Ray Vaughan. I happen to think he is better than the overrated SRV—more consistent, albeit lacking the occasional flashes of overwhelming fire—but he loses something by trying to prove it.



Slim pickings

I discovered Tinsley Ellis through a sampler CD. There's a lot to not like on his first CD, *Georgia Blue*. Most of the songs are forgettable, and half the time the band sounds like they'd be more comfortable playing in a cocktail lounge. But "Can't You Lie" has some brilliantly original chord changes and a memorable solo, and "Free Man" has lyrics worthy of Robert Cray or Michael Hill. The *Fanning The Flames* CD is more of the same, chunky chords and wah-wah lead of the first cut on *Trouble Time*, it's obvious that Ellis is playing harder and heavier. It's his best CD to date, from the rollicking introduction of "Bad Dream #108" to the furious, fulminating slow blues "The Axe." There are a few clunkers on the CD, but there are also the racing boogie of "Hey Hey Baby," the neat double-tracked lead guitars of "Come Morning," and another couple of angry slow blues.

The *Storm Warning* CD was a very slight comedown after *Trouble Time*, but it still has plenty of excellent material including an instrumental version of "Mercy, Mercy, Mercy" that goes from haunting to pounding. "Fire It Up" is Ellis's hardest and most "British" effort to date, making very effective, interesting use of his new second guitarist. It's not up to the standard he set for himself on *Trouble Time*, but it's still very worthwhile. *Cool On It*, a 1991 reissue of a 1986 album, is strictly optional for Ellis fans.



Blues fan or not, you have to love Tinsley Ellis. He looks scruffy and kind of decadent because it's expected of him, but he appears to bathe a good deal more frequently than he'd like us to think. After introducing his new band at a recent club appearance, the Atlanta-based guitarist concluded, "and I'm John Smoltz." ■

The author is a Clarkston-based otolaryngologist.

If you are also a bluesman at heart, live near the Birmingham-Bloomfield area, and would like to jam on an occasional or regular basis, e-mail me at rgoodman@msms.org, or call me at (248) 698-4000. I've still got my guitar, and recently I discovered that one of my colleagues is a dedicated blues harmonica player.

Roy Goodman, MD

Michigan Clinic for TMJ/Facial Pain

Management of Temporomandibular Disorders Chronic Facial Pain, and Snoring Relief

- Conservative, Non-Surgical Management for the Jaw Joint Diseases (TMJ).
- Management for Headaches Related to TMJ.
- Management for Chronic Orofacial Pain.
- Management for Snoring With The Use of Oral Appliance(s).

At The Michigan Clinic for TMJ And Facial Pain We Utilize:

- The Most Advanced Computerized Tomography Imaging.
- Computerized Study to Detect Jaw Joint Sounds.
- We Participate With Various Insurance Plans.

Ghabi A. Kaspo, DDS

Diplomate, American Academy Of Orafacial Pain
American Pain Society
American Association For the Study of Headache
Michigan Sleep Disorders Association

Michigan Clinic for TMJ/Facial Pain

2959 Crooks Road, Suite 7
Troy, MI 48084
Office (248) 649-6610 Fax (248) 649-1605

American Heart Association℠
Fighting Heart Disease and Stroke

Research gave him a future



Support Research

©1995, American Heart Association

For expert interpretation of your patient's skin and nail biopsies.

"Dermatopathology is the science or study dealing with the cytologic and histologic structure of abnormal or diseases of skin tissue."

For over 50 years **Pinkus Dermatopathology Laboratory** has provided timely, reliable diagnostic dermatopathology services. Whether your requirements are diagnosis, consultation, evaluations of margins, or expert diagnostic analysis, our four full-time board certified dermato-pathologists deliver only the most accurate results.

- **24 Hour Service**
- **Fax or Mail Reports**
- **U.S. Mail or UPS pickup**
- **Claim handling for any insurance company**

For supplies or information, call **1-800-746-5870** today, or visit our website at **www.pinkuslab.com**

Pinkus
Dermatopathology Laboratory, PC

1314 N. Macomb St. • P.O. Box 360 • Monroe, MI 48161-0360


LTC
means
TLC
Long Term Care
coming soon as a new
member benefit
S&W
Stratton, Cheeseman & Walsh, Inc.
The Physician's Insurance Agency
517-351-5780 or 1-800-968-4929
Stratton, Cheeseman & Walsh is
the endorsed insurance agency of
the Michigan State Medical Society



When you were wondering if they'd grow back, we were preparing for when they did.

Since the 1950s, Delta Dental has been pioneering group dental benefit programs, providing affordable care from one generation to another. We're pleased to see our hard work has paid off. Today, we're the industry leader covering more than 28 million people across the country. And we offer our subscribers the nation's largest network of participating dentists, with two out of three dentists as members. With a reputation for cost saving quality benefits and unmatched service, our subscribers know we're there when they need us. And that's reason enough to make anyone smile. (517) 349-6000. **Delta Dental. Right where you belong.**

DELTA DENTAL®

Delta Dental Plan of Michigan

Michigan State Medical Society Presents Two Exciting Tours From Detroit



THE FRENCH ALPS AND ITALIAN LAKES

September 4-12, 1998

$1,099 Per person, double occupancy. (Plus government taxes.)

Chamonix - The dazzling snow cap and glaciers of Mont Blanc, Europe's highest mountain, are a magnificent backdrop to the colorful resort of Chamonix. Anyone who loves the Alps will be overawed by the dramatic vistas.

Optional Tours: Geneva City, Zermatt and the Matterborn, Montreux, Castle Chillon and Gruyeres, Mountain Buffet, and much more!

Lake Maggiore - Deep and mysterious, beautiful and romantic, the Italian Lakes are a haven of peace and tranquility. Maggiore is probably the most beautiful of the lakes, its shores dotted with elegant resorts.

Optional Tours: Venice, Grand Three Lakes Tour, Italian Festa, Borommeo Island Cruise and Dinner, and much more!



IRELAND

October 3-11, 1998

$1,119

Per person, double occupancy. (Plus government taxes.)

A hundred thousand welcomes await you. Explore the legendary greens of Ireland and learn why it is called **"The Emerald Isle."** Witness for yourself the spectacular coastal and mountain terrain, castles and shamrocks - maybe even see a leprechaun! We invite you to experience the charm and friendliness of the Irish.

Optional Tours: Ring of Kerry, Galway Bay and Connemara, Blarney Castle, Dublin City, Medieval Banquet and much more!

INCLUDED FEATURES

- Round trip transatlantic air transportation via American Trans Air.
- Seven nights First Class hotels.
- Continental breakfast daily.
- Transfers between airports and hotels.
- Complete luggage handling and all related tipping at airports and hotels.
- All airline and hotel taxes.
- Experienced escort guides.
- And more!

Available to Members, Their Families and Friends.

For additional information and a color brochure contact:

Michigan State Medical Society
Attn: Donna Brown
120 West Saginaw Street
East Lansing, MI 44826-0950
(517) 336-5735

or

GLOBAL HOLIDAYS
9725 Garfield Avenue South
Minneapolis, MN 55420-4240
(612) 948-8322
Toll Free: **1-800-842-9023**

COLONIAL VALLEY SOFTWARE, INC.

MEDICAL SYSTEMS

presents

Lectronic Pegboard

The first choice in computer systems for the medical practice.
First in Service & Support



"If you don't have service, you don't have a system."

Transmitting to more payers, cost free, than any other Computer System in Michigan!

Complete Turnkey Systems include:

- All Equipment
- All Software
- Onsite Training
- One Year Warranty & Maintenance
- Price starts below $10,000

Let Colonial Valley Software, Inc. provide you with high-tech solutions and give you old-fashioned service.

1-800-359-1002 or (810) 733-6070

3398 S. Dye Road, Flint, MI 48507

Quality Consultant brings Deming philosophy to MIMQ

By Kathleen Farrell

Laura Adams is one of health care's pioneers. And, as senior vice president and consultant for Executive Learning, Inc., a Tennessee-based health care consulting firm, she is helping to guide MSMS's newly established Michigan Institute for Medical Quality (MIMQ) toward a bright future.

Organized this past fall as a resource center for physicians on quality of care issues, MIMQ's focus is education, community outreach, and research. Adams facilitated an initial discussion at the organization's first steering committee meeting held this February. "It's a good match in terms of what she's been doing in her training sessions and what it is we think we need," says Julie Lester, MSMS's manager of health care research.

"When I got up to him I said, just as fast as I could, 'Doctor Deming, I'm in health care and I think we could use your philosophies.' "

A new approach to improving health care

Adams says her company's purpose is to teach people how to be capable of improvement, beginning with these questions: "How can we begin to understand how well we're caring for our patients? And then, what can we do to improve that?" she says. "What types of practical statistical tools can we use to understand what the data is saying to us about our patient's health? And what kinds of practical, easy-to-use techniques can we employ to improve that system and improve it for the long term?"

Adams, 41, earned a bachelor's degree in nursing from the University of Northern Colorado and a master's in nursing administration from the University of Colorado. She spent her early career as a nurse, working directly with patients. After one year she was promoted to director of nursing and eventually worked her way up to vice president for patient services at Parkview Episcopal Medical Center in Colorado. She first heard of the movement in quality improvement in 1990, while attending a presentation on the subject for the hospital. At around the same time her husband, Mark, 42, was accepted to law school in Houston. So the family, which includes children Anthony, 19, and 17-year-old twins Nick and Lindsay, packed up and moved to Texas, leaving hospital administration behind.

"I really thought I would step out for a few years and thoroughly learn this improvement theory, the philosophy, and then go back into administration," says Adams. Instead, she joined forces with Executive Learning, Inc., which allowed her to work from her home base in Houston for three years before moving her family to the company's headquarters in Brentwood, Tennessee.

Truly inspirational

Adams says one of her strongest influences is Edward Deming, PhD, a business and industry giant known as "The Father of Quality." Deming, who died in 1993 at the age of 93, spent 40 years teaching his methods of leadership and quality improvement to thousands of companies including Ford, General Motors, and Xerox. Adams had only been on the job at Executive Learning for a few days when she found herself at one of Deming's book signings. Standing in line to meet him, Adams realized the opportunity before her was too good to pass by.

"When I got up to him I said, just as fast as I could, 'Doctor Deming, I'm in health care and I think we could use your philosophies,' " says Adams, 41. "Then I handed him my card. A week later he called and said, 'If you're serious about learning, be in New York on Monday.' And that was it. I had to be in New York on two days notice."

It proved to be a fruitful, one-and-a-half year education with Adams traveling all over the



Laura Adams, Executive Learning, Inc., Vice President, spoke on continual improvement for MSMS to members at the February 4 MIMQ Steering Committee.

"I think health care is at such an exciting crossroads. In the future, we are going to be able to improve the experience of the patient dramatically."

globe with her mentor. She has since taken the knowledge gained from that internship and shared it with countless health care organizations around the United States and the world - including Amsterdam, Canada, Egypt, Israel, and the West Bank of Palestine. Adams credits the support of the powers that be at Executive Learning, Inc., for their encouragement.

"They knew that this was a once in a lifetime opportunity and not many people got it," she says, chuckling at those last minute phone calls from Deming. "He would call and say 'We need to be in Europe and here's the date,' and I would just have to make it available. He didn't like to be told no!"

Adams is also a faculty member with the Institute for Healthcare Improvement in Boston and regularly serves on the faculty of the Healthcare Forum's Leading Clinical Quality Improvement symposium. With a packed schedule, Adams is on the road most weeks of the year, but wouldn't have it any other way. "I love it to pieces," she says. "I think health care is at such an exciting crossroads. In the future, we are going to be able to improve the experience of the patient dramatically. We're also going to begin to discover customer service, [and to realize] that we have not designed our health care systems to truly meet some of the deepest needs patients have - for respect, dignity, information, and control."

With her own background as a clinician, Adams seems to have a strong grasp on what she's talking about. But she doesn't want people to think she has all the answers. "I guess I consider my role as a co-learner. These are new tracks in the snow. There aren't any tracks in the snow where we're going in health care right now. We're the innovators so I wouldn't presume to have all the answers. But, I do have a terrific radar for learning."

For more information on MIMQ, contact Julie Lester at MSMS at (517) 336-5768 or jlester@msms.org. ■

The author is a Lansing-based freelance writer.

TWO MEN AND A TRUCK®
"Movers Who Care"®



WE MAKE HOUSECALLS... OFFICE CALLS TOO.

You're facing a business move.
You're stressed.
It's time to call the movers in the business of moving.
We offer all the support you'll need, including packing and unpacking service and a complete line of professional packing supplies. Many of our franchises even offer overnight service, all to keep your down time to a minimum. From Holland to Pt. Huron, from Marquette to Macomb, we'll make moving your practice painless.
Call us for a free consultation.



TWO MEN AND A TRUCK®
"Movers Who Care"®
www.twomen.com

© 1997 TWO MEN AND A TRUCK®, INTL., INC.

Comerica

Comerica Merchant Alliance

Exclusive Credit Card Processing For All MSMS Members

- Reduce Billing Costs and Improve Cash Flow
- Offer Convenient Patient Payment Options
- Receive Low Discount Rates
- Enjoy Benefits Of Electronic Processing
- No Additional Cost For Paper Rolls or Signs
- Process All Major Cards
- Use Your Existing Terminal

Comerica Merchant Alliance offers payment solutions to enhance the profitability of your medical practice.

We offer a complete line of electronic payment systems that provide authorization, processing, settlement, and chargeback resolution for all methods of payment — credit, debit and check.

For more information, please call
(248) 371-7117 and ask for Diane Price.



Your focus should be on your patients...not your patience.



We are professionals helping professionals. Our job is to collect your past due accounts so you're free to keep pace with today's health care needs. We will recover the money you are owed effectively and efficiently, providing you with improved cash flow and more time to take care of your patients and your practice. That's why I.C. System is offered as a membership benefit by over 700 business and professional associations like yours.

ASSOCIATION APPROVED

For the I.C. System Difference, call
1-800-279-6620
Endorsed by the
Michigan State Medical Society
Priority Number: A7101

THE I.C. DIFFERENCE
I.C. SYSTEM



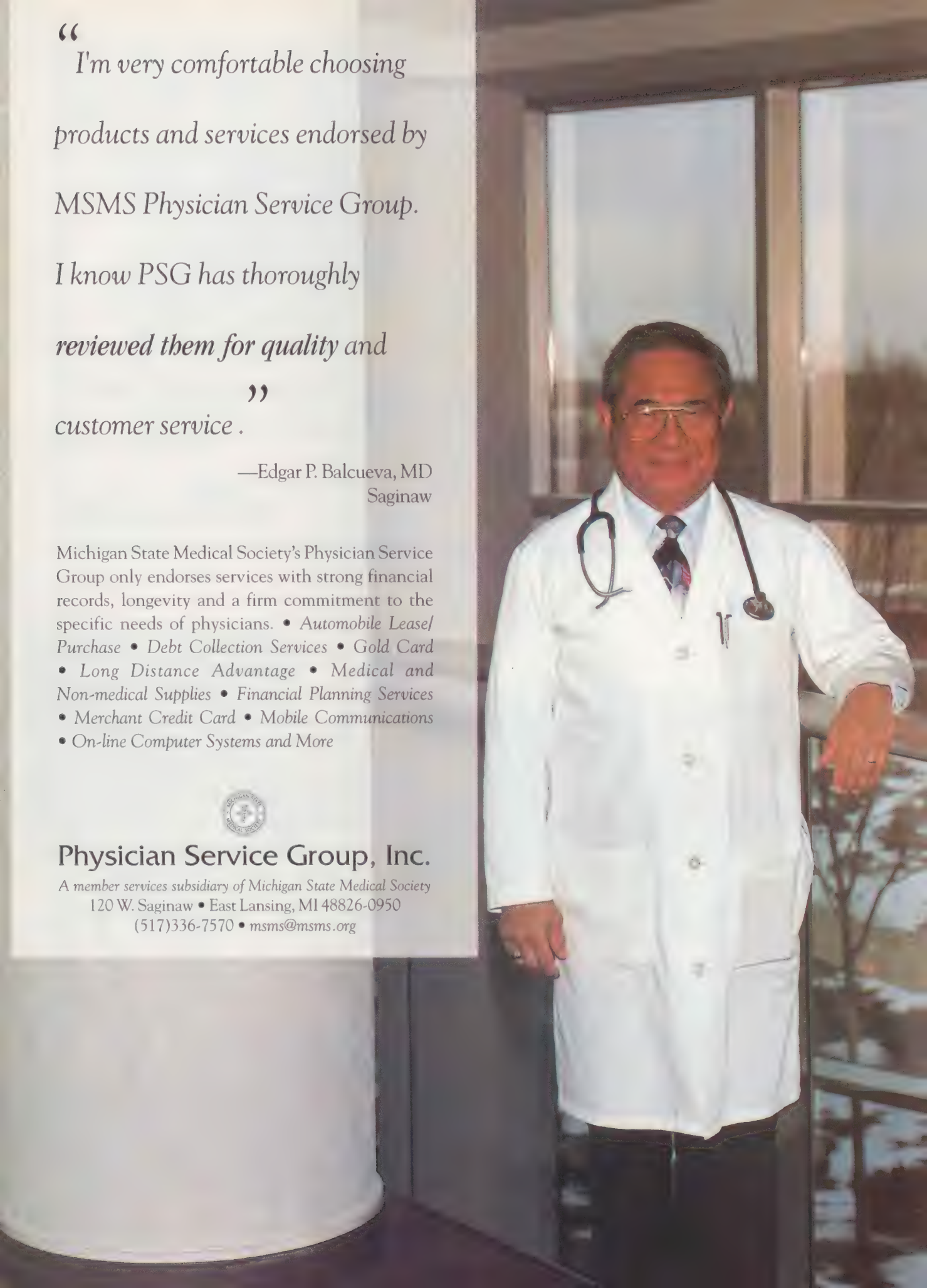
Our practice management teams are hands-on professionals dedicated to refining and maintaining the highest standards for growth and profitability in your medical practice.

Please, call and introduce yourself. We always have time to meet with interesting people.

JIROUS MANAGEMENT GROUP

6410 Alpine Avenue, Suite D
Comstock Park, MI 49321-9721

Phone (616) 222-9901
Fax (616) 222-9904



"I'm very comfortable choosing products and services endorsed by MSMS Physician Service Group. I know PSG has thoroughly reviewed them for quality and customer service."

—Edgar P. Balcueva, MD
Saginaw

Michigan State Medical Society's Physician Service Group only endorses services with strong financial records, longevity and a firm commitment to the specific needs of physicians. • *Automobile Lease/ Purchase* • *Debt Collection Services* • *Gold Card* • *Long Distance Advantage* • *Medical and Non-medical Supplies* • *Financial Planning Services* • *Merchant Credit Card* • *Mobile Communications* • *On-line Computer Systems and More*

Physician Service Group, Inc.

A member services subsidiary of Michigan State Medical Society
120 W. Saginaw • East Lansing, MI 48826-0950
(517)336-7570 • *msms@msms.org*

MSMS MEETINGS

May

1-3, MSMS House of Delegates. Location: Ritz Carlton, Dearborn, MI. Contact: Donna Brown at MSMS at (517) 336-5735.

3-5, MSMS Alliance House of Delegates. Location: Marriott Hotel, Troy, MI. Contact: Jennifer Anibal at MSMS at (517) 336-7595.

6, MSMS Liaison Committee with Third-Party Payers. Location: MSMS Headquarters, The Board Room, East Lansing, MI, 2:30-5:00 p.m. Contact: Patty Bokovoy at MSMS at (517) 336-5723.

13, MSMS Annual Capitol Check-Up. Location: Lansing Center, Lansing, MI. Contact: Christine Shearer at MSMS at (517) 336-5737.

21, I Am Your Child Task Force. MSMS Headquarters, Atrium Conference Room, East Lansing, MI, 10:00 a.m.- 12:00 p.m. Contact: Jennifer Anibal at MSMS at (517) 336-7595.

June

15, MSMS/MPMLC "Making the Rounds." Location: Mid-Michigan Regional Medical Center, Midland, MI, 7:30 p.m. Contact: Tom Plasman at MSMS at (517)351-0041 ext. 606.

18, I Am Your Child Task Force. MSMS Headquarters, Atrium Conference Room, East Lansing, MI, 10:00 a.m.- 12:00 p.m. Contact: Jennifer Anibal at MSMS at (517) 336-7595.

24, MSMS Committee on State Legislation and Regulations. Location: MSMS Headquarters, The Board Room, East Lansing, MI 2:00-5:00 p.m. Contact: Greg Aronin at MSMS at (517) 336-5739.

July

16 - 19. MSMS Midsummer Board Meeting. Location: Woodmoor, Drummond Island. Contact: Irene Frost at (517) 336-5734.

AMA MEETINGS

April/May

4/29-5/2, 1998 International Conference on Physician Health. "Managing Our Own Care: Surviving the Health Care Revolution." Location: Empress Hotel and Victoria Conference Centre, Victoria, British Columbia. Contact: AMA Dept. of Mental Health at (312) 464-5066.

June

14-18, 1998 AMA Annual Meeting. Location: Hyatt Regency Hotel, Chicago, IL. Contact: Neil Sutherland at AMA at (312) 464-4344.

MICHIGAN SPECIALTY SOCIETY MEETINGS

May

2, Michigan Sociey of Pathologists Annual Spring Meeting. Location: Kellogg Center, East Lansing, MI. Contact: Bryce Docherty at MSMS at (517) 336-7586.

7-8, Michigan Chapter of the American College of Surgeons Annual Meeting. Location: Mariott Hotel, East Lansing, MI. Contact: Bryce Docherty at MSMS at (517) 336-7586.

9-13, American College of OB/GYN Meeting. Location: New Orleans, LA. Contact: ACOG (202) 863-2525.

June

5, Michigan Society of Respiratory Care. Location: MSMS Headquarters, Dining Room, East Lansing, MI, 9:30 a.m.-3:00 p.m. Contact: Caroline Kimmel at MSMS at (517) 336-7587. ■

EDUCATIONAL OPPORTUNITIES

Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I credits toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least four hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

May

1-3, Dermatology for the Non-Dermatologist. Location: Hyatt Regency, New Orleans, LA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

1-3, Coronary Heart Disease Update. Location: Desert Inn, Las Vegas, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

8-10, Neurology for the Non-Neurologist. Location: Hyatt Regency, Hilton Head, SC. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

15-17, Clinical Endocrinology for Primary Care Physicians. Location: Silverado Country Club, Napa Valley, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

31-June 3, American College of Cardiology: The 9th Annual Congenital Heart Disease in the Adult: A Combined International Symposium. Location: Skamania Lodge, Columbia River Gorge, Stevenson, Washington. **Contact:** American College of Cardiology (800) 253-4636, ext. 695. **Approved for:** maximum of 26 Category 1 credits.

June

4-6, Clinical Endocrinology for Primary Care Physicians. Location: Hyatt Regency, Grand Cayman. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

12-14, Coronary Heart Disease Update. Location: Disneyland Pacific, Anaheim, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

19-21, Neurology for the Non-Neurologist. Location: Racquet Club, Jackson Hole, WY. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

25-27, Dermatology for the Non-Dermatologist. Location: Southampton Princess, Bermuda. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

25-28, 1998 CMRS Annual Society Meeting Clinical Magnetic Resonance Society. Location: Disney's Yacht & Beach Club Resorts, Lake Buena Vista, FL. **Contact:** (800) 823-2677 or (513) 221-0070 **Approved for:** 25 Category 1 credits.

26-28, Arrhythmias: Interpretation, Diagnosis & Management. Location: Parc Fifty-Five, San Francisco, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

26-28, Managing Respiratory Diseases. Location: Disney's Beach Club. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

23-July 5, University at Sea. Location: Cruising the Norwegian Fjords to North Cape aboard the

Rotterdam VI. **Contact:** Amy Storms at Continuing Education, Inc. at (800) 926-3775. **Approved for:** 20 Category 1 credits.

July

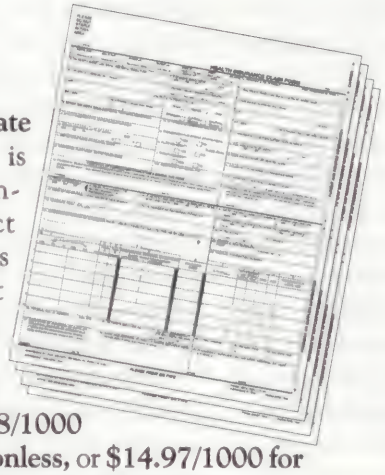
9-11, Managing Respiratory Diseases. Location: Chateau Lake Louise, Lake Louise, Canada. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731.

17-19, Dermatology for the Non-Dermatologist. Location: Grand Hotel, Mackinac Island, MI. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731.

17-19, Neurology for the Non-Neurologist. Location: Tara Hyannis, Cape Cod, MA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731.

17-19, Arrythmias: Interpretation, Diagnosis & Management. Location: Sagamore Resort, Lake George, NY. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. ■

HCFA 1500 Forms Available



The **Michigan State Medical Society** is pleased to announce a product offered through its subsidiary Abbott Press, the **HCFA 1500 Forms.** These forms are available at **$39.88/1000 for two-part carbonless,** or **$14.97/1000 for one-part forms,** plus tax and shipping.

To order, please call Heidi Van Ostran at 800-487-6544 or fax to 517-336-5797.

"Advance Directives" continued from page 19

Many physicians periodically check with their personal attorneys, accountants, or financial planners, to help them plan and prepare for possible changes in life circumstances, for themselves and their families.

Patients ought to be able to rely on their physicians to help them prepare for the health catastrophes that can occur.

For more information on advance directives, contact Dave Fox at MSMS at (517) 336-5731 or dfox@msms.org. ■

Doctor Waun is co-chair of the MSMS Bioethics Committee; Doctor Kilway is a member of the MSMS Bioethics Committee and MSMS Board of Directors; Doctor Van Goor is a member of the MSMS Bioethics Committee.

The authors appreciate the assistance of Howard Brody, MD, PhD, in the preparation of this article.

Newsmakers

Ted Beals, MD, of the Pathology and Laboratory Medicine Service at the Department of Veterans Affairs (VA) Medical Center in Ann Arbor, was named the director of the national VA department of Pathology and Laboratory Medicine Service. Doctor Beals has also been named chief consultant for Diagnostic Services Strategic Healthcare Group.

Jeffrey Price, MD, was named recently in the "The Best Doctors in America" reference guide. Doctor Price was one of 16 internists named from the Grand Rapids area. He is a member of the Michigan Medical P.C. and is the medical director of Kent Community Hospital.

Michael D. Klein, MD, of Grosse Point, recently was appointed Surgeon-in-Chief at the Detroit Medical Center's Children's Hospital of Michigan. In addition to his current position as Chief of Pediatric General Surgery, Doctor Klein will be responsible for all 10 surgical services at Children's.



Charles Barone, MD, was appointed by the American Medical Association to the Commission on Health Care Dispute Resolution. This commission is a group of members from the American Arbitration Association, the American Bar Association, and the American Medical Association. Doctor Barone is an associate chair of Henry Ford Health System's department of Pediatrics, as well as the physician-in-charge of Henry Ford Medical Center in Sterling Heights. He also serves on the Legislative and Regulations Committee of MSMS.

Kenneth Whiteside, MD, FACEP, the medical director of the Lapeer Regional Hospital emergency department recently was inducted as the president of the Michigan College of Emergency Physicians. Doctor Whiteside is also the director of the EMS Medical Control Committee for Lapeer County.

Kenneth Maiese, MD, one of Wayne State University's most promising biomedical researcher, has been awarded over $1 million throughout the next five years to study neurodegenerative disorders. Doctor Maiese received the funding from the Janssen Research Foundation and its parent corporation, Johnson and Johnson, to investigate and develop new treatments for neurodegenerative disorders such as stroke, cerebrovascular disease, cerebral trauma, and Alzheimer's disease.



Bohdan Pichurko, MD, recently was named chief of Pulmonary Medicine and strategic director of Critical Care for Providence Hospital and Medical Centers. Doctor Pichurko was previously the chief of Pulmonary and Critical Care Medicine and program director of the pulmonary fellowship at Sinai Hospital.

John W. Hall, MD, recently was appointed by the AMA Board of Trustees to serve as the Managed Care Representative on the AMAP Governing Body. This appointment is for a two-year term beginning January 1, 1998 and ending December 31, 1999. Doctor Hall currently is the medical director of the Burns Clinic.

Stephen DeSilva, MD, recently was appointed by the Detroit Medical Center and Wayne State University as chair of the Department of Orthopaedic Surgery and Orthopaedic Surgeon-in-Chief for the eight-hospital system. He has been acting as interim chair and chief prior to accepting the position. Doctor DeSilva, of Bloomfield Hills, also is an assistant professor for the Department of Orthopaedic Surgery at Wayne State University School of Medicine, and was named "Teacher of the Year" in 1991 and 1996.

Mani Menon, MD, chair of the Department of Urology at Henry Ford Hospital, has earned a lifetime achievement award from Kidney Care India, a charitable organization of physicians committed to advancing education and research in kidney and urinary tract ailments. The award commends highly accomplished professionals of Indian origin who have made lifetime achieve-

ments and have shown commitment toward the advancement of fundamental science. Doctor Menon, of Henry Ford Hospital, also is listed in the publications *International Who's Who in Medicine* and *Who's Who in America*.

Obituaries

B. Wayne Bingham, MD, died on December 22, 1997. He was 72. Doctor Bingham graduated from the University of Texas Medical School. He was a member of the Ingham County Medical Society and MSMS.

Leonard J. Hallen, MD, died on December 14, 1997. He was 81. Doctor Hallen graduated from the University of Michigan Medical School. He served in the U.S. Army Medical Corp from 1946-49. He was a member of the Wayne County Medical Society, American Heart Association, American Diabetic Association, American Society of Internal Medicine, Michigan Society of Internal Medicine, and MSMS.

Frederick H. Lindenfeld, MD, died on December 14, 1997. He was 82. Doctor Lindenfeld graduated from the Loyola University Medical School. He served in the U.S. Army Medical Corp from 1941-45. He was a fellow of the American College of Surgeons, Past-President of the Berrien County Medical Society, and a member MSMS.

John E. McEnroe, MD, died on December 19, 1997. He was 77. Doctor McEnroe graduated form the Albany University Medical School. He served in the U.S. Army Medical Corp in WWII and the Korean War. Doctor McEnroe joined the Burns Clinic in 1962. He was a member of the Northern Michigan Medical Society and MSMS.

William H. Rattner, MD, died on November 2, 1997. He was 69. Doctor Rattner graduated from the University of Michigan Medical School. He served in the U.S. Army Medical Corp from 1953-55. He was a member of the Wayne County Medical Society and MSMS.

F. James Stubbart, MD, died on January 2, 1998. He was 75. Doctor Stubbart graduated from the Medical College of South Carolina. He was a member of the Muskegon County Medical Society, AMA, and MSMS.

New Members

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Lone A Andersen, PhD, MD, *Essexville*
Susan J Betts-Barbus, MD, *Cadillac*
Lydia E Boyd Campbell, MD, *Okemos*
Melanio M Derro, MD, *Farmington Hills*
John M Flack, MD, *Detroit*
Gary M Friesen, MD, *Bryant*
Lisa A Harrington, MD, *Grayling*
Leroy Johnson, MD, *Flint*
Sakuntla Kondragunta, MD, *Flint*
Roger D Lemmen, MD, *Holland*
Pamela S Lewis, MD, *Detroit*
Debashish Misra, MD, *Flint*
Balajee G Nallamothu, MD, *Lansing*
Abiola D Obayan, MD, *Farmington Hills*
Jerry K Pearson, MD, *Big Rapids*
Douglas M Salyards, MD, *Lansing*
Sadiq A Syed, MD, *East Lansing*
Witold Szyfer, MD, *Davison*
Carlos E Tavera, MD, *Holland*
Mohamad M Teran, MD, *Holland*
Robin K Thompson, MD, *Cadillac*
Robert E Tubben, DO, *East Lansing*
Michael Zydeck, MD, *Wayne*

Disciplinary Actions

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate actions and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Michele D. Spaulding, MD, 7010 N. 55th Street, Unit H, Milwaukee, WI, 53223
Action, Date Taken: 1-08-98, Educational Limited License Suspended—minimum 6 mo. & 1 day, Fine—$5,000.00
Reason: Mental/Physical Inability to Practice

Name: Stephen R. Cochran, MD, 3315 De Soto, New Orleans, LA 70119
Action, Date Taken: 1-07-98, License Suspended—minimum 6 mo. & 1 day, Fine—$1,000.00
Reason: Failure to Meet Continuing Education Requirements

Name: Leonard E. Ellison, MD, 19233 Woodston, Detroit, MI 48203
Action, Date Taken: 1-08-98, License Suspended—minimum 6 mo. & 1 day, Fine—$1,000.00
Reason: Failure to Meet Continuing Education Requirements

Name: Laura J. Flanagan, MD, 321 Lonesome Oak Dr., Rochester Hills, MI 48306
Action, Date Taken: 1-07-98, License Suspended—minimum 6 mo. & 1 day, Fine—$1,000.00
Reason: Failure to Meet Continuing Education Requirements

Name: Paul J. Markunas, MD, 9385 N. State Road, Otisville, MI 48463
Action, Date Taken: 1-07-98, License Suspended—minimum 6 mo. & 1 day, Fine—$1,000.00
Reason: Failure to Meet Continuing Education Requirements

Name: John C. Lampkin, MD, 8547 Potters Rd., Saranac, MI 48881
Action, Date Taken: 1-07-98, License Suspended—minimum 6 mo. & 1 day, Fine—$1,000.00
Reason: Failure to Meet Continuing Education Requirements

Name: Carl L. Holsey, MD, Detroit Receiving Hospital, 4201 St. Antoine, Detroit, MI 48201
Action, Date Taken: 1-07-98, License Suspended—minimum 6 mo. & 1 day, Fine—$1,000.00
Reason: Failure to Meet Continuing Education Requirements

Name: Linda Y. Callaghan, MD, 6339 N. Glenwood, Chicago, IL 60660
Action, Date Taken: 1-07-98, License Suspended—minimum 6 mo. & 1 day, Fine—$1,000.00
Reason: Failure to Meet Continuing Education Requirements

Name: George P. Malick, MD, 25779 Kelly Rd., Suite A, Roseville, MI 48066
Action, Date Taken: 12-06-97, License Suspended—30 days, Upon reinstatement, probation—2 yrs., Fine—$5,000.00
Reason: Negligence/Incompetence, Lack of Good Moral Character

Name: Salah Abdel Gouda, MD, 2119 15 Mile R., Sterling Heights, MI 48310
Action, Date Taken: 12-01-97, License Suspended 1 yr. Effective 2-04-98, Fine—$25,000.00, Community Service & Continuing Medical Education required, Summary Suspension Dissolved
Reason: Drug related

Name: Walayat A. Khan, MD, 317 Ecorse Road, Ste. 5, Ypsilanti, MI 48198
Action, Date Taken: 12-08-97, Reinstatement Denied

Name: Munir A. Munshey, MD, 4775 Crestview, Ypsilanti, MI 48197
Action, Date Taken: 12-08-97, Reinstatement Denied

Name: B. Wayne Bingham, MD, 1034 E. Saginaw, Lansing, MI 48906
Action, Date Taken: 11-24-97, Reprimand, Fine—$1,000.00, Probation—2 yrs.
Reason: Failure to Meet Continuing Education Requirements

Name: Robert L. Alexander, MD, 7733 East Jefferson, Detroit, MI 48214
Action, Date Taken: 12-08-97, Reclassification Denied

Name: Frank P. Bongiorno, MD, 1755 David Court, Ann Arbor, MI 48105
Action, Date Taken: 2-06-98, License Suspended—30 days, Fine—$1,000.00, Upon reinstatement, probation—1 yr.
Reason: Sister State Disciplinary Action

Name: Saul M. Shapiro, DO, 18245 George Washington, Southfield, MI 48075
Action, Date Taken: 1-07-98, License Suspended—minimum 1 day, Fine—$1,000.00
Reason: Failure to Meet Continuing Education Requirements

Name: Bonnie M. Warmack, DO, 14438 W. McNichols, Detroit, MI 48235
Action, Date Taken: 1-07-98, License Suspended—3 yrs., Fine—$5,000.00, Summary Suspension Dissolved
Reason: Criminal Conviction—Drug Related

Name: Michael W. Farmer, DO, 3329 S. Duffield Rd., Lennon, MI 48449
Action, Date Taken: 12-04-97, License Suspended—30 days, Fine—$2,000.00
Reason: Violation of General Duty/Negligence

Name: Lloyd A. Le Zotte, Jr., MD, 4150 N.W. 65th Ter, Gainesville, FL 32606
Action, Date Taken: 01-16-98, Voluntary Surrender of License
Reason: Failure to Meet Continuing Education Requirements

Name: Ronald G. Zack, MD, 18211 W. 12 Mile Road, Lathrup Village, MI 48076
Action, Date Taken: 12-17-97, Fine—$2,000.00
Reason: Negligence/Incompetence

Name: Russell B. Rothrock, MD, 154 West Street, Battle Creek, MI 49017
Action, Date Taken: 12-26-97, Probation—1 yr.
Reason: Negligence

Name: Timothy B. Elliott, DO, 19430 Cedar Run Rd., Traverse City, MI 49684
Action, Date Taken: 12-04-97, License Suspended—3 yrs., Summary Suspension Dissolved
Reason: Criminal Conviction

Look for *Michigan Medicine* Online at www.msms.org/

Would you like to place and ad? The rate of classified advertising in *Michigan Medicine* is $1.00 per word , with a minimum charge of $50.00. Copy for classified advertisements should be received no later than the first of the month preceding the month of publication. To place an ad, contact Kristen Lare (517) 336-5747 or fax (517) 336-5797.

SERVICES AVAILABLE

Detroit X-Ray and Ultrasound Sales—Frank Bykowski—Affordable equipment, new and pre-owned, C-arms, fluoroscopic and general x-ray rooms, free consultations, evaluations and appraisals, pain management imaging equipment, upgrades and retrofits. Call toll free: (888) 338-9729; or fax (810) 716-9025.

PRACTICES FOR SALE

Family Practice—Suburban Wayne County. Thirty-year plus practice. Medical equipment; physician is retiring.

General Practice—Detroit. Well-established practice with excellent opportunity; real estate included.

Physical Therapy—Downriver/South Michigan/Mid-Michigan (three locations).

Neurology Practice—Mid-Michigan.

General Practice—Detroit. Well-established practice. Retiring physician will stay during transition.

General Practice & Holistic Medicine—Oakland County. Just listed, fully equipped

We have prospective purchasers for medical and dental practices in Michigan. If you are considering selling a practice, give us a call, we may already have a buyer.

Medical Suites & Buildings for Sale/Lease

McNabnay & Associates, Inc. can assist you. We maintain a database of available medical and dental properties in Wayne, Oakland and Macomb Counties. Give us a call and we will develop a list of properties that meet your requirements. We keep all inquiries confidential! Also, call for a free

Harper Associates

Physician and Healthcare Placement Specialists

We are currently working with a number of organizations in search of BC/BE physicians in various settings and locations throughout Michigan, Ohio, and nationwide.

OPPORTUNITIES AVAILABLE

ANESTHESIOLOGIST-Cleveland
DERMATOLOGIST-Lansing
FAMILY PRACTITIONERS
HEMATOLOGIST-ONCOLOGIST-Western Michigan
GENERAL SURGEON-Southeastern Michigan
MED/PEDS-Lansing
PEDIATRICIANS-Lansing
PSYCHIATRISTS (Child)-Central Michigan
PULMONOLOGIST- Western Michigan

Many ongoing searches in other specialties.
For details please contact: Cheryl Nowak, R.N.

(248) 932-1170 Fax: (248) 932-1214
Harper Associates
29870 Middlebelt, Farmington Hills, MI 48334

copy of our listing catalog. **McNabnay & Associates, Inc. (248) 258-5900 Medical Building Specialists.**

Pediatrics. Well-established practice in Flint. One in five calls. Retiring physician will stay during transition. Contact Paul Morin, MD at (810) 733-0400; or fax (810) 733-8638.

LEGAL SERVICES

ERNEST P. CHIODO, M.D., J.D., M.P.H.
Physician - Attorney
* Legal Representation of Physicians
* Peer Review
* Licensure and Discipline
* National Practioners Data Bank
(810)791-6737

The 26th Annual Cardiovascular Symposium

New Techniques for the Care and Treatment of Cardiovascular Disease.

- Nationally Recognized Experts from:
  - Loma Linda University Medical Center
  - Stanford University Medical Center
  - Vanderbilt University Medical Center
- Practical Case Studies
- Newest Techniques and Technologies
- Live Cath Lab Cases

May 15, 1998

Borgess Medical Center

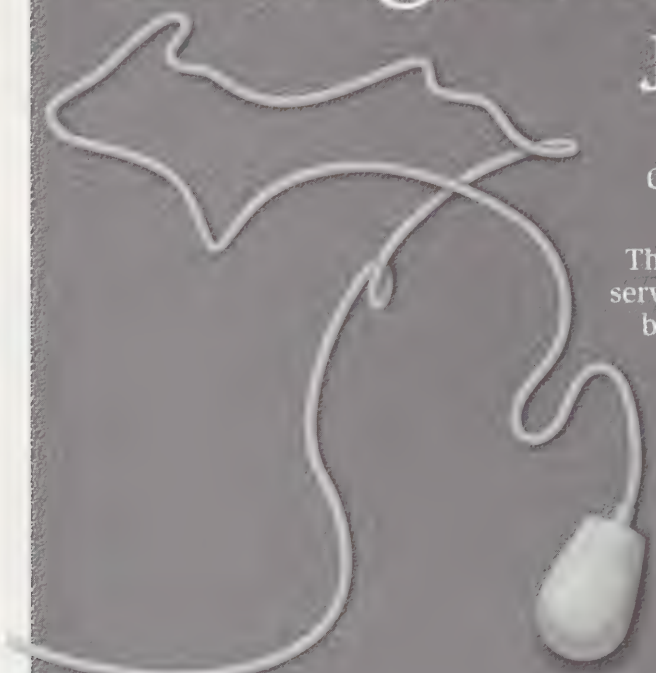
For more information, please call (616) 226-7092.

This symposium is for medical professionals, including primary and specialty care physicians, who care for patients with cardiovascular disease. CME credits available.

BORGESS
Medical Center

Michigan Opportunities

Just A Click or Call Away!



Hundreds of Michigan practice opportunities. Confidential because you conduct the inquiry, there are no recruiters, costs, or pressure.

The Medical Opportunities In Michigan (MOM) service, a free, non-profit, centralized career database can now be accessed over the Internet or call MOM through our toll-free service line.

www.mimom.org

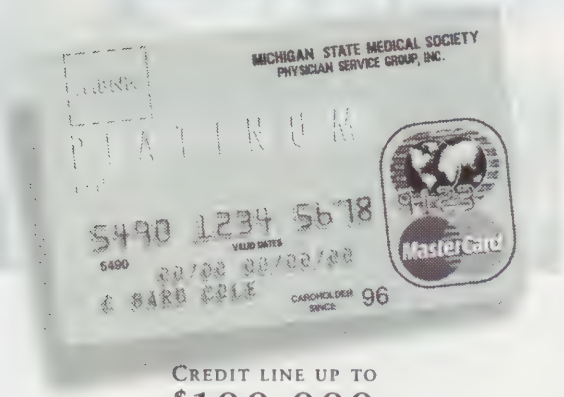
or call

1-800-479-1MOM

MOM Medical Opportunities In Michigan

MOM is a service of the non-profit Michigan Health Council, representing Michigan hospital and health care employers.

THE NEW STANDARD ISN'T GOLD.



CREDIT LINE UP TO

$100,000

Please mention priority code QVE8 when calling.

MBNA® *Platinum Plus* . . . the only card you'll ever need.

- No Annual Fee
- **5.9%** Fixed Introductory Annual Percentage Rate (APR) for cash advance checks and balance transfers†
- Priority Customer service—24 hours a day
- Credit line increase decisions in 15 minutes or less
- $1 million Travel Accident Insurance*
- Free Year-End Summary of Charges
- MBNA *Platinum Plus* Registry—card and document registry, emergency cash and airline tickets, and more
- Exclusive MBNA *Platinum Plus* fraud and privacy protection
- Free express delivery for card replacement
- Supplemental lost checked luggage protection—up to $3,000

MBNA®
PLATINUM PLUS
the new standard

Call 1-800-523-7666 to Request Yours Today!

† The Annual Percentage Rate (APR) for purchases and ATM and Bank cash advances made with the MBNA *Platinum Plus* card is 15.65%; for the Preferred Card, 16.15%; each APR may vary. The current promotional APR offer for cash advance checks and balance transfers made with either account is 5.9% through your first five statement closing dates, commencing the month after your account is opened. When your minimum monthly payment is not received by the close of the first complete billing cycle following its Payment Due Date, or when the promotional offer expires, whichever occurs first, your APR for both new and outstanding cash advance balances (consisting of cash advance check and balance transfer transactions) will be calculated using the Variable-Rate Information disclosures accompanying your card. The current indexed APR for cash advance checks and balance transfers is 15.65% for the MBNA *Platinum Plus* account, or 16.15% for the Preferred account; each APR may vary. Transaction fee for Bank and ATM cash advances: 2% of each cash advance (minimum $2). Transaction fee for credit card cash advance checks: 1% of each cash advance (minimum $2, maximum $10). Transaction fee for the purchase of wire transfers, money orders, bets, lottery tickets, and casino gaming chips: 2% of each such purchase (minimum $2). Cash advances and balance transfers may not be used to pay off or pay down any MBNA account. MBNA may allocate your monthly payments to your promotional APR balance(s) before your nonpromotional APR balance(s).

* Certain restrictions apply to this benefit and others described in the materials sent soon after your account is opened. Preferred Card Customer benefits differ: Year-End Summary of Charges is not available; maximum Common Carrier Travel Accident Insurance coverage is up to $300,000; and there are additional costs for Registry benefits. MasterCard is a federally registered service mark of MasterCard International Inc., used pursuant to license. MBNA is a federally registered service mark of MBNA America Bank, N.A.

MBNA America Bank, N.A., is the exclusive issuer and administrator of the *Platinum Plus* credit card program.

©1997 MBNA America Bank, N.A.

ADG-NACL-5/97 ADG-5-3-97 PLM.HP.BW.NB

Let your search for a reliable, high quality Locum Tenens Company...



Lead you to

DAVIS SMITH
SINCE 1946

Davis-Smith has been a leader in healthcare staffing in the Midwest since 1946. Put our 51 years of experience to work for you. We offer high quality physician coverage at an affordable price. We are a family owned and operated company dedicated to exceeding your expectations. We cover all specialties and provide the best occurrence malpractice insurance.

(800) 541-4672 or (810) 354-4100

"Patients comment on our on-hold messages all the time. They enjoy receiving information rather than just listening to music."

– Office of Jeffrey T. Vangelderen, MD, FAAP
Bay City

- Script Writing
- Voice Talents
- Maintenance Free Service
- 100% Guarantee
- MSMS Member Discount

Demo Line:
(800) 892-HOLD
Speak to our Representative at
(517) 349-5177

PREMIER COMPANIES HOLD PLUS
Telephone on-hold message and music systems



Staff Care Gets You There – And Back

Charting a new career course doesn't have to feel like re-discovering the New World. Staff Care keeps the adventure of LOCUMS exciting without the fear of getting lost in the shuffle. We lead the industry with our national medical staffing resources and confidently guide our physicians with experienced personnel dedicated to service and satisfaction.

For more information about our LOCUM TENENS call:

Staff Care INC.
Leading the Nation in Staffing

800.685.2272
Midwest & Eastern Destinations

800.211.4971
Western Destinations

Visit us on the Internet at http://www.locumsnet.com
UNABLE TO PLACE J-1 OR H-1 PHYSICIANS

University of Michigan Medical School
Departments of Internal Medicine, Radiology, and Surgery

Office Management of Peripheral Vascular Disease

Saturday, May 2, 1998
The Dearborn Inn
Dearborn, Michigan

Multidisciplinary Vascular Medicine Program
The Heart Care Program
University of Michigan Medical Center

University of Michigan Faculty

James B. Froehlich, MD
Lecturer and Associate Director
Non-Invasive Vascular Laboratory
Division of Cardiology
Department of Internal Medicine

Linda M. Graham, MD
Professor
Section of Vascular Surgery
Department of Surgery

Lloyd A. Jacobs, MD
Associate Professor
Section of Vascular Surgery
Department of Surgery

Charles J. Shanley, MD
Assistant Professor
Section of Vascular Surgery
Department of Surgery

James C. Stanley, MD
Course Director
Professor and Section Head
Section of Vascular Surgery
Department of Surgery

Thomas W. Wakefield, MD
Associate Professor and Director
Non-Invasive Vascular Laboratory
Section of Vascular Surgery
Department of Surgery

Alan B. Weder, MD
Professor and Associate Chief
Division of Hypertension
Department of Internal Medicine

David M. Williams, MD
Professor
Division of Interventional Radiology and Angiography
Department of Radiology

Gerald B. Zelenock, MD
Professor
Section of Vascular Surgery
Department of Surgery

To register, please call
800-800-0666

BINSON'S
Home Health Care Centers
MEDICAL SUPPLIES • SERVICES SINCE 1953

Binson's, a trusted name in home care for over forty years.

- Medical Equipment Supplies & Services
- Mastectomy
- Diagnostic & Surgical Supplies
- Ambulatory Aids
- Bathroom Safety
- Orthotics & Prosthetics
- Clinical Services
- Ostomy Supplies
- Wheelchairs
- Patient Room Equipment

WHEN YOUR CHOICE IS HOME

Joint Commission on Accreditation of Healthcare Organizations

1-800-922-6528

Primary Care Physicians
Practice Opportunities
City of Detroit

Recent practice acquisition has created opportunities for board certified/board eligible physicians in family practice, internal medicine and pediatrics. Competitive salary and fringe benefit package available. Academic appointments available.

Please send CV to
Practice Opportunities
17570 Meadowood Ave.
Lathrup Village, Michigan
48076

MICHIGAN
Urologist - BE/BC

Potential of sharing call and overhead with successful existing practitioner in resort community. Enjoy lake and riverfront living in beautiful Northern Michigan, 40 minutes from Traverse City. Ideal area for exciting four-season outdoor activities.

For further information call: Deb Glicker
Mercy Health Services North
(800) 395-4128

or Fax CV to (517) 348-4839.

Mail CV to: Dr. Stephen Reznicek, 828 Oak Street, Cadillac, MI 49601

PRACTICE IN THE LAND OF LAKES

- Family Practice
- Orthopaedics
- NP's or PA's for Rural Health Clinics

Fully accredited 60-bed hospital Rehabilitation unit
Clinically broad practices with regional referral availability

Private practice or hospital-based practice

Call coverage

Excellent benefits.

For more information call:
Diane Thompson
(616) 324-4068
Three Rivers Area Hospital
1111 West Broadway
Three Rivers, MI 49093

Equal Opportunity Employer

Three Rivers Area Hospital

ONCOLOGIST, URGENT CARE, ENT, DERMATOLOGIST

There are immediate openings at Brainerd Medical Center for the following specialties: Oncology, Urgent Care, Ear, Nose and Throat, and Dermatology.

Brainerd Medical Center, P.A.

- 36 Physician independent multi-specialty group
- Located in a primary service area of 40,000 people
- Almost 100% fee-for-service
- Excellent fringe benefits
- Competitive compensation
- Exceptional services available at 162 bed local hospital, St. Joseph's Medical Center

Brainerd, Minnesota

- Surrounded by the premier lakes of Minnesota
- Located in central Minnesota less than 2.5 hours from the Twin Cities, Duluth and Fargo
- Large, very progressive school district
- Great community for families

BMC

Call collect to Administrator:
Curt Nielsen
(218) 828-7105
or (218) 829-4901
2024 South 6th Street
Brainerd, MN 56401

Brainerd Medical Center, P.A.

MPMC

MICHIGAN PAIN MANAGEMENT CONSULTANTS, P.C.

SPECIALIZING IN SPINAL CORD STIMULATION, IMPLANTABLE INFUSION SYSTEMS, AND FIBEROPTIC MYELOSCOPY

Consultants in Acute, Chronic and Cancer Pain Management, Spinal Cord Stimulation, Implantable Infusion Systems, and Fiberoptic Myeloscopy.

Patients may be scheduled for the evaluation and treatment of chronic benign and cancer pain management Monday through Friday, 8:00 a.m. to 4:00 p.m. at:

Providence Hospital Pain Control Center
22301 Foster Winter Drive
Second Floor
Southfield, Michigan 48075
Office (810) 424-3186 • Fax (810) 424-3460

Dennis W. Dobritt, D.O., D.A.B.P.M.
Chief, Pain Medicine
Director, Pain Control Center
Providence Hospital and Medical Centers

Jeffrey J. Kimpson, M.D., D.A.A.P.M.
Assistant Director, Providence Pain Control Center
Medical Director, Acute and Cancer Pain Management

Riad G. Khoury, M.D.
Added Qualifications in Pain Management,
American Board of Anesthesiology
Diplomate, American Academy of Pain Management

John H. Traylor, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Jeffrey J. Kirouac, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Dominick Lago, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Affiliated with Northland Anesthesia Associates, P.C.

Physicians Leasing Company, Inc.

Lease or purchase program

(Another Excellent MSMS Member Benefit Program)

Fleet Pricing - Leasing/buying through PLC assures you of receiving all available rebates and incentives - retail, dealer and fleet.

Delivery - No longer do you have to take time out to take delivery of your new vehicle. PLC brings it right to you, either at the office or at home.

Shopping - With our fleet connections we do the shopping for you. PLC experts will find the lowest available price for that special car you want.

Financing - PLC can take care of it all, purchase, lease, First Time Buyer, and Intern Financing, at the lowest rates available.

Trade-Ins - Yes, PLC will even take in your old car. We will do it all by phone to save you the headaches.

Used cars - Looking for a second car? A car for the kids? Give PLC a call; we always offer a fresh supply of good clean trade-ins.

Contact our staff today!

The important first step on the way to your next car!



(800)759-8880

An Endorsement You Can Trust.

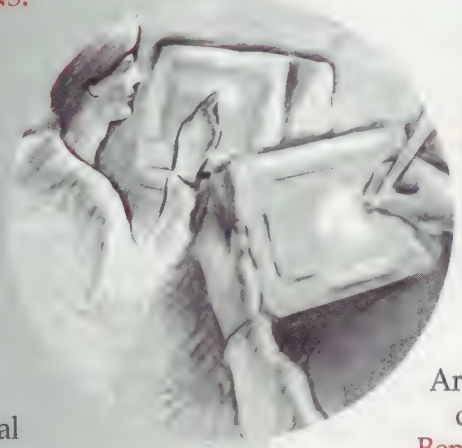
MICHIGAN STATE MEDICAL SOCIETY

New MEDICAL PROGRAM

WINDOWS™ 95/NT AND 32-BIT POWER FOR ALL OFFICE FUNCTIONS:

- Billing
- Scheduling
- Charting
- Orders
- Prescriptions
- Managed Care
- Referral Tracking
- Year 2000 Ready
- Keyboard Optional

(Providers use Pen Tablet computer on wireless Windows™ 95/NT network; touch screens for staff)



Bennethum Corporation is proud to introduce a new cutting-edge medical computer system.

BennPro/32™

NOT EVOLUTIONARY — REVOLUTIONARY

Arrange a personal demonstration of BennPro/32™ today.

Bennethum Corporation
West Bloomfield, Michigan
1-800-982-2623
sales@bennethum.com

BENNETHUM CORPORATION

Confirming the Past, Creating the Future

To keep ahead of the competition you need to plan your future with sound advice from skilled specialists. At Plante & Moran we offer just that—proactive personal and business advisory and consulting services in addition to traditional accounting and auditing services. With us, your interests come first—because when you succeed, we succeed. For more information, please call us: (517) 332-6200.

- Financial Statement Service
- Tax Return Preparation
- Tax Consulting
- Strategic Planning
- Personal Financial Planning
- Family Business & Succession Planning
- Benefit Plan Administration
- Litigation Support & Practice Valuation Services
- Prepairing for Managed Care
- Productivity & Quality Improvement

PLANTE & MORAN, LLP

Certified Public Accountants • Management Consultants
1111 Michigan Avenue, East Lansing, Michigan 48823
(517) 332-6200 • Fax (517) 332-8502

Your Outside Line



You're busy. You're out and you've got to get through to your clients, your staff—everyone! Your association membership can help give you the best deal while giving you superior service. Take advantage of this special offer from AirTouch Cellular. It's just the outside assistance you need. And that's no line!

AIRTOUCH™
Cellular
An easy call to make℠

Every time you use your phone, AirTouch Cellular makes a contribution to your Association at no additional charge to you.

Endorsed by:

MICHIGAN STATE MEDICAL SOCIETY

1-800-AIRTOUCH

AirTouch™ and the AirTouch logo are trademarks of AirTouch Communications, Inc.
An easy call to make℠ is a service mark of AirTouch Communications, Inc.

ADVERTISER'S INDEX

AAA of Michigan 1
Airtouch Cellular One 63
Bennethum 62
Binson's Home Health Care 60
Borgess Hospital 57
Brainerd 60
Caylor Nickel Clinic, PC 4
Doctor Chiodo 57
Colonial Valley 43
Comerica Bank 46
Cunningham Group 9
Davis Smith 59
Delta Dental 42
Diplomat Pharmacy 12
DMC Health Care Center 60
Global Holiday 43
Harper Associates 56
HCFA 51
IC Systems 47
J. J. Merck Pharmaceuticals (Pepcid AC) 17
Jirous Management Group 47
MBNA Gold 58
Medical Protective 22
Mercy Health Services North 60
Michigan Clinic for TMJ/Facial Pain 40
Michigan Health Council(MOM) 58
Michigan Pain Management 61
Michigan Physicians Mutual Liability CO ..... BC
MSMS Group Insurance Trust ..... IBC
MSMS Physician Services Group 48
Petoskey-Harbor Springs-Boyne County Visitors Bureau1 3
Physicians Leasing 61
Picom ..... IFC
Pinkus Dermatopathology Laboratory, PC 40
Plante & Moran 62
Premier Telephone on-hold 59
Resort Property 11
Staff Care 59
Stratton Cheeseman & Walsh 41
Three Rivers Hospital 60
Two Men and A Truck 46
United Postal Service 16
University of Michigan Medical School 59
Wayne State University School of Medicine Alumni 13



MSMS is committed to quality pain management

By Peter A. Duhamel, MD

MSMS President

We physicians know terminally ill patients often worry more about the pain they may encounter than their eventual death. We also know that the majority of requests for physician-assisted suicide can be eliminated by ensuring that individuals have access to pain management services. We know some pain management services are better than others. And we adamantly believe that everyone should have access to the appropriate pain management services in times of need.

New legislative action

The Michigan Legislature has the opportunity to make a small, first step in the direction of improved pain management for patients by passing a bi-partisan package of bills spearheaded by Rep. Joseph Palamara (D-Wyandotte). The bills have passed the House and are now in the Senate Health Policy Committee.

The bills would be incorporated into the Michigan Patient Bill of Rights passed by the Legislature in 1996. The bills would:

- require insurance companies to explain explicitly what is and is not covered in individual policies concerning pain management.
- establish a grievance process for patients.
- require that all patients receive an educational brochure on pain management so they know what can be done to alleviate their pain.

Taking the first step

These are certainly small steps toward comprehensive improvement in pain management services, but they are necessary steps to get the process rolling. Unfortunately, even these small steps are being fought by insurance companies as being too costly.

MSMS always has been supportive of quality pain management and we reaffirmed our position at last year's House of Delegates meeting in Resolution 94-97A, "Appropriate End of Life Therapy." The first resolved says: "That MSMS continue to work at all levels for improved pain management and symptom control."

Upcoming seminars

Accordingly, in addition to working with the legislature, MSMS has teamed up with the Michigan Department of Community Health, the Michigan Hospice Organization, Hospice of Michigan and the Michigan Nurses Association to present a conference "Palliative Care: Comprehensive Care at the End of Life" on April 23 at the Kellogg Center on the campus of Michigan State University. State and national experts will cover pain and symptom management, identifying terminal illness, and various options in palliative and hospice care. For details, call Tom Seely at MSMS at (517) 336-5770.

A second similar conference is being planned for the fall and we are considering a series of mini-sessions on pain management presented in locations throughout the state.

We acknowledge a lag exists between what the medical profession knows about pain management and what society demands of the medical profession in this important area. That's why MSMS is committed to doing whatever we can to improve this situation.

MSMS sets new goals

MSMS recently established a special task force made up of pain management specialists from various medical specialties, including anesthesiology, psychiatry, neurology, family practice, internal medicine, physical medicine, rehabilitation, and others to make recommendations to the MSMS Board of Directors regarding the best approach to improving access to quality pain management services.

While the debates and discussions are plentiful, we all have one objective: to ensure that all individuals have access to the best possible pain management services in their times of need. The medical profession is working to make sure this happens.

Please take the initiative to contact your state Senator to support the pain management bills. For more information, call Greg Aronin, director of governmental relations at MSMS at (517) 336-5741 or garonin@msms.org. ■

MSMS has insurance for every physician's needs...



Jaak M. Pahn, MD
Sault Ste. Marie



Willard S. Stawski, MD
Grand Rapids



Howard Comstock, MD
East Lansing



Steven G. Fettinger, MD
Saginaw

When it comes to offering a variety of insurance programs for physicians, and top-notch customer service to back them up, there's no equal to MSMS Group Insurance Trust.

Trust us to keep you informed and covered. Contact an MSMS Group Insurance Trust representative today to review your coverage. Call toll-free (800)748-0195, fax us at (517)337-2590, or send E-mail to msms@ msms.org

❖ SUPPLEMENTAL COVERAGE TO MEDICARE ❖ INDIVIDUAL OR GROUP HEALTH AND DENTAL INSURANCE ❖ DISABILITY ❖ LIFE ❖ BUSINESS INSURANCES ❖ CAPITATION STOP-LOSS ❖ WORKERS' COMPENSATION

MICHIGAN STATE MEDICAL SOCIETY 1868

Michigan State Medical Society
GROUP INSURANCE TRUST

120 W. Saginaw East Lansing, MI 48823
(800)748-0195
http://www.msms.org/

Other Insurers Say They'll [illegible] Behind You When You Have

NLM 01292330 3
NATIONAL LIBRARY OF MEDICINE



MPMLC Stands in Front of You.

After all, fighting legal battles isn't your business, it's ours.

When it comes to professional liability, Michigan Physicians Mutual Liability Company (MPMLC) will be your shield, **defending you against non-meritorious claims** and protecting your reputation. Our experienced claims staff will forge ahead in your defense. And we'll **keep fighting** until your claim is resolved.

MPMLC is highly rated by A.M. Best and Standard & Poor's. This means you can be confident we have the financial strength to keep you safe, even in the heat of battle.

We're also guarding your future by providing: customized coverage, excellent hands-on service, competitive pricing, and nationally recognized risk management programs that will help minimize the threat of future claims and also can qualify you for premium discounts.

So, you keep doing what you do best, and we'll keep doing what we do best — shielding our policyholders from financial risk. For more information or a quotation, please call our representatives at the Stratton, Cheeseman & Walsh Agency, **1-800-968-4929**.

- Rated "A-" (Excellent) by A.M. Best and "A+" by Standard & Poor's
- Customized Coverage
- Policyholder's Consent to Settle Claims
- Proactive Risk Management
- Competitive Rates
- Prior Acts Coverage Available
- Free Retirement Tail Available

MICHIGAN PHYSICIANS
Mutual Liability Company

The endorsed medical liability insurance provider of the Michigan State Medical Society and the Michigan Osteopathic Association

W1 MI22J
V.97 NO.5 1998
C.01--------SEQ: M33700000
TI: MICHIGAN MEDICINE
05/13/98

...sing cancer pain • Michigan AIDS fund

MichiganMedicine

May 1998 • Vol. 97, No. 5 Award-Winning Journal of the Michigan State Medical Society



TREATING MICHIGAN'S ETHNIC POPULATIONS



PROPERTY OF THE NATIONAL LIBRARY OF MEDICINE

**********MIXED ADC 481
47367 S 5 18
NATIONAL LIB OF MEDICINE
IM S223603 BLDG 38 RM BLW10
8600 ROCKVILLE PIKE
BETHESDA MD 20894-0001

Prepared.



With PICOM on the lookout, you have a liability protection partner who helps you stay on firm ground.

Our job is to be prepared in an ever-changing environment. We're constantly scouting for new ways to deliver solid coverage that adjusts to your special needs.

Our experienced team steers you clear of obstacles with their expert guidance for reducing risk. And our eye to the future keeps you pointed in the right direction.

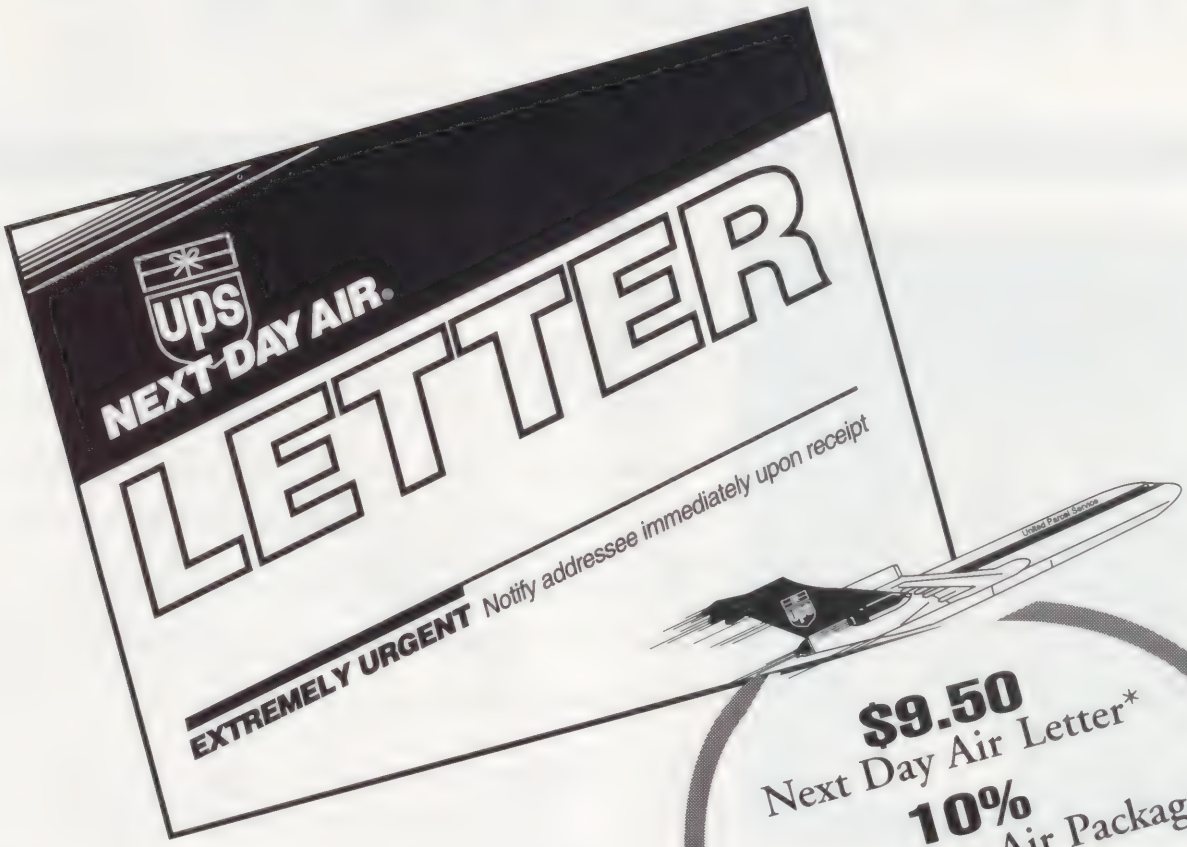
So, go ahead.
Choose your path
with confidence.
And enjoy the climb.

PICOM
INSURANCE COMPANY

Insuring – and reassuring – the health care community

800/292-1036

New MSMS Member Benefit



$9.50
Next Day Air Letter*
10%
Off Next Day Air Packages
20%
Off Worldwide Express

Now members of the Michigan State Medical Society can take advantage of exclusive savings on overnight deliveries from UPS. That's because UPS has developed a special savings program on air express deliveries just for Michigan State Medical Society members. You save up to 35% over what other companies charge. All backed by UPS, the world leader in on-time deliveries to more than 200 countries and Puerto Rico, with guaranteed 10:30 AM delivery across the U.S.**

Plus, with UPS Total Track,[sm] our exclusive, nationwide cellular tracking system, you can find the status of your air express document or package at any time. We can even confirm delivery in seconds, and only UPS captures the recipient's actual signature electronically, providing absolute confirmation of delivery.

Overnight savings from UPS. For members only, guaranteed.

To sign up for this savings program, call 1-800-325-7000. Please reference special discount #C0000700458.

UPS®

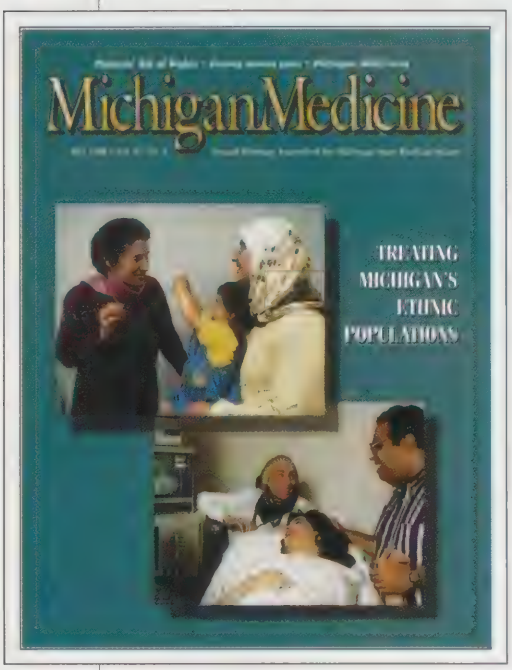
MICHIGAN STATE MEDICAL SOCIETY
the Voice of 12,000 Michigan Physicians

*Drop box applicable within the 48 contigious states. Alaska and Hawaii customers should refer to Air Service Guide for service availability. Discounts apply to published letter and multi zone rates in effect at time of shipment.
**See Air Service Guide for guarantee and time-in-transit details. © 1997 United Parcel Service of America, Inc.

Award-Winning Journal of the Michigan State Medical Society

MichiganMedicine

COVER STORY



Treating Michigan's ethnic populations

Caring for different cultures 24

Treating Michigan's diverse ethnic population often times create unique challenges for physicians—challenges that can become disastrous if physicians are not appropriately educated. Social customs, language barriers, and familial involvement are only a few of the issues presented by cultural differences. For physicians, the key to successfully treating ethnic patients is to become knowledgeable and respectful of many cultures and traditions.

By Ralph Ward

Cover design by Abbott Press

FEATURES

SPECIAL FEATURE

Michigan AIDS fund: A helping hand for patients 10

Members support HIV/AIDS prevention and treatment and provide "front-line" information about the epidemic to the community.

By Karen DeVries

SPECIAL FEATURE

Easing cancer pain
New CD-ROM program provides help, answers for patients 20

"Cutting edge" information distribution will assist patients in dealing with cancer pain.

By Donna Kondek

LEGISLATIVE AFFAIRS

The future of managed care: Federal Patients' Bill of Rights 32

The Federal Patients' Bill of Rights has been skillfully crafted to shift the balance of power from managed care companies to patients and physicians while preserving fairness, quality, and competition, but it faces an uphill battle in Congress.

By Thomas A. Stone, MD

May 1998 Volume 97, Number 5

MSMS Internet Website Address: http://www.msms.org/

MSMS E-mail Address: msms@msms.org

MSMS Member Services Hotline: 800-914-6767

FEATURES

PHYSICIAN PROFILE

Samuel R. Dismond, MD
Keeping the "tradition" in medicine **36**

The family physician from days gone by—the loyal "town doc"—is not a thing of the past as Doctor Dismond stakes out a traditional role in today's changing medicine.

By Kathleen Farrell

PHYSICIAN PROFILE

John Bizon, MD
Experiencing medicine without means in the third world **38**

A Battle Creek otolaryngologist has a special appreciation of the benefits of practicing medicine in the United States.

By Karen Bouffard

MAKING A DIFFERENCE

Genesee County Free Medical Clinic **40**

Flint physicians have found a way to help their community by founding a free medical clinic, which offers medical services to the area's uninsured at no charge.

By Kathleen Farrell

DEPARTMENTS

LETTERS 4
ACROSS THE STATE 6
ASK OUR LAWYER 8
PEOPLE 12
IN YOUR FUTURE 19
EDUCATIONAL OPPORTUNITIES 46
CLASSIFIED 52
AD INDEX 63
PRESIDENT'S PERSPECTIVE 64

Coming in your June *Michigan Medicine*: Alternative Medicine

Look for *Michigan Medicine* on-line at http://www.msms.org/



Used equipment can help many

Dear Members,

I am a retired ENT specialist from Saginaw. Since closing my practice I have been working as a volunteer doctor in Guatemala. This has been very rewarding for me personally though at times equally frustrating due to the lack of instruments and equipment.

It occurred to me that some of you may consider donating—or selling at a reasonable price—serviceable instruments and equipment that you no longer use. In my experience, what we discard as substandard in this country is usually considered a thing of beauty in the third world.

The hospital where I work can use just about anything. At the present time, however, there is a pressing need for gynecological, surgical, and pediatric equipment/instruments.

I can be reached by phone, fax, or e-mail and will go anywhere in the state to collect the right equipment.

Thank you very much,
Marshall Brown, MD

Editor's note: *To learn more about Doctor Brown's work in Guatemala, be sure to see next month's "Physician Profile" in* Michigan Medicine. *Doctor Brown can be reached via phone/fax at (517) 793-6167 or 75224.3655@compuserve.com.*

The courts are where to focus

Doctor Peter Duhamel's editorial in the February, 1998 issue of *Michigan Medicine* should be a "must" read for every physician in the State. If you have not read it at all, or did not completely absorb it's importance, I urge you to pull it out and reread it. Doctor Duhamel writes about "A Call for Action," and he is absolutely correct when he states that getting a bill through the legislature and securing the governor's signature is only the beginning. The Court of Appeals and the Supreme Court are the final judges of our success.

The trial lawyers will continue to do everything in their power to preserve the goose that lays their golden eggs. However, I must give them credit for their dedication to their cause. They are very willing to support the campaign coffers of their chosen candidates with major donations, and they expect subsequent decisions by the courts to go their way. I agree with Doctor Duhamel when he states that, "It's difficult to compete with this—but compete we must—even if physician don't like to spend money on elections. We have to get *our* candidates elected."

My wife and I moved out of Michigan over seven years ago, but I suspect that little, if anything, has changed in the way that judges are elected, and that the "non-partisan" portion of the ballot remains a mystery to the majority of voters. It is, therefore, important for MSMS to take the initiative, and inform our members forthrightly, soon and often about the candidates who are most likely to support our position on malpractice reform issues. The trial lawyers will do it for their members, and we must match their zeal.

We have one advantage over the trial lawyers. I have a great deal of respect for the skill, honesty, and dedication of my personal physician. I do not want them to become frustrated, and I listen to the concerns they voice about the way medicine is being practiced today. Your patients are undoubtedly just as dedicated to you and will listen to what you have to say.

I remember standing on the Capitol steps in 1985, looking down at the 10,000 white coats on the lawn below, when I introduced then Governor William Blanchard and Senator Dan DeGrow (R-Port Huron) to all of you. Now, as then, we must strive to inform our patients, friend, and anyone else who will listen about

continued on page 7

Express your point of view in *Michigan Medicine*.

To submit a letter, mail, fax, or e-mail it to *Michigan Medicine*, 120 W. Saginaw St., East Lansing, MI 48823; fax (517)337-2490; or e-mail klare@msms.org. Please type letters you submit for publication. Letters are published at the discretion of the editor and are subject to editing and abridgment. Letters represent the opinions of the authors and do not necessarily reflect the policies of the Michigan State Medical Society.

Executive Director
William E. Madigan

Committee on Publications
John H. McLaughlin, MD
Birmingham, Chair
Thomas R. Berglund, MD
Portage
Jeffrey M. Jones, MD
Battle Creek
Dorothy M. Kahkonen, MD
Detroit
John M. MacKeigan, MD
Grand Rapids

Director of Communications
Sheri W. Greenhoe
Managing Editor
Kristen M. Lare

Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editor nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. **Michigan Medicine** reserves the right to accept or reject advertising copy. Products and services advertised in **Michigan Medicine** are neither endorsed nor warranteed by MSMS, with the exception of a few.

Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news, exchanges and classified advertising should be addressed to Kristen Lare, advertising to Judy Hudson, and address changes to Janet Button, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

MICHIGAN MEDICINE
Michigan State Medical Society
P. 0. Box 950
East Lansing, Michigan 48826-0950.
Phone 517-337-1351
Member Services Hotline 800-914-6767
©1998 Michigan State Medical Society

Design, layout and prepress by Abbott Press, East Lansing, a subsidiary of MSMS.

PRINTED WITH SOY INK

SOCIETY OF NATIONAL ASSOCIATION PUBLICATIONS

Michigan State Medical Society

the Voice of 14,000 Michigan Physicians

Officers

PRESIDENT	Peter A. Duhamel, MD, *Rochester*
PRESIDENT-ELECT	Cathy O. Blight, MD, *Flint*
IMMEDIATE PAST PRESIDENT	W. Peter McCabe, MD, *Grosse Pointe Shores*
SECRETARY	Thomas R. Berglund, MD, *Portage*
TREASURER	Billy Ben Baumann, MD, *Pontiac*
SPEAKER	Dorothy M. Kahkonen, MD, *Detroit*
VICE SPEAKER	Paul O. Farr, MD, *Grand Rapids*

Board of Directors

CHAIR	Krishna K. Sawhney, MD, *Farmington Hills*
VICE CHAIR	Kenneth H. Musson, MD, *Traverse City*

District Directors

DISTRICT 1	Hassan Amirikia, MD, *Detroit*
	James P. Gallagher, MD, *Detroit*
	Richard P. Horsch, MD, *Farmington*
	Cecil R. Jonas, MD, *Detroit*
	Krishna K. Sawhney, MD, *Farmington Hills*
	Joseph J. Weiss, MD, *Huntington Woods*
DISTRICT 2	Mitchell A. Rinek, MD, *Lansing*
DISTRICT 3	Jeffrey M. Jones, MD, *Battle Creek*
DISTRICT 4	James B. Kilway, MD, *Kalamazoo*
	David J. Millard, MD, *Paw Paw*
DISTRICT 5	John M. MacKeigan, MD, *Grand Rapids*
	M. Gary Robertson, MD, *Grand Haven*
DISTRICT 6	AppaRao Mukkamala, MD, *Flint*
DISTRICT 7	D. Moore Hislop, MD, *Port Huron*
DISTRICT 8	Thomas A. Egleston, MD, *Saginaw*
DISTRICT 9	Kenneth H. Musson, MD, *Traverse City*
DISTRICT 10	Devendra Sharma, MD, *Tawas City*
DISTRICT 11	Robert C. Packer, MD, *Muskegon*
DISTRICT 12	Jaak M. Pahn, MD, *Sault Ste. Marie*
DISTRICT 13	Rudy W. Stefancik, MD, *Hancock*
DISTRICT 14	Rudi Ansbacher, MD, *Ann Arbor*
	Rhoda M. Powsner, MD, *Ann Arbor*
DISTRICT 15	Mark D. Kolins, MD, *Troy*
	John H. McLaughlin, MD, *Birmingham*
	Alan M. Mindlin, MD, *Pontiac*
	Donald B. Muenk, MD, *Warren*
EXECUTIVE DIRECTOR	William E. Madigan



Physicians well-being committee

Physician impairment affects every hospital medical staff. In March of 1986, St. Joseph Mercy Hospital (SJMH) in Ann Arbor chose to meet the problem of impairment head-on and formed the Physicians Well-Being Committee, originally known as the Impaired Physician Committee.

Since 1986, the Committee has been busy. Its function is to assist physicians by identifying and confronting them with perceived problems of impairment due to substance abuse, aging, or mental illness—and it has been very effective. In addition, the Committee has carried out educational programs for physicians, house staff, nursing staff, and physicians' spouses. The educational programs provide information about impairment and the proper course of action if one suspects that a medical staff member is impaired.

When the Committee is notified that a medical staff member might be impaired, the concern is investigated and necessary action is taken to resolve the issue. Every attempt is made to elicit the cooperation of the physician with the goal of appropriate treatment, monitoring, and a safe return to active practice. The process is highly confidential and to date has been extraordinarily effective. Particularly in the case of substance abuse, most impaired medical staff members are relieved to be off their emotional roller coaster and are grateful once the recovery process is underway.

The Committee works to keep abreast of issues of impairment. Several members are certified by the American Society of Addiction Medicine and the Committee has formally exchanged ideas with representatives of related organizations such as the Michigan Health Professionals Recovery Program and the University of Michigan's "Drink Wise" program.

In 1996, the Committee successfully drafted and gained approval of a medical staff policy on physician use of alcohol, believed to be the first of its kind in the State of Michigan. This policy prohibits the use of alcohol while practicing medicine at a SJMH facility and requires medical staff members to undergo immediate alcohol breath testing if they are suspected of being under the influence. An educational presentation on this policy was delivered to each Medical Staff Department and the Directors Group at SJMH.

Anyone desiring additional information regarding the SJMH Physicians Well Being Committee may



St. Joseph Mercy Hospital, Physician Well-Being Committee: (left to right) J. Ronald Oehler, MD, chair; William Bucknam, MD; Eugene Ragland, MD; John Klein, PA; Charles Grassie, MD; and Robert Ause, MD. (Not pictured: Stephen Blackman, MD; Michael Brooks, DO; and Charles Schmitter, MD)

Share your news with us. "Across the State" is an excellent vehicle for communicating the activities of your county medical society or specialty society. Send your information to: Tom Seely, MSMS chief of physician outreach programs, P.O. Box 950, East Lansing, MI 48826-0950. Phone: (517) 336-5770. Fax: (517) 337-2490. E-mail tseely@msms.org.

contact its chairman at the following address: J. Ronald Oehler, MD, Chairman, PWBC, c/o St. Joseph Mercy Hospital, Medical Staff Services—RHB #1117, P.O. Box 995, Ann Arbor, MI 48106.

U-M medical school rises to the "top ten"

The University of Michigan Medical School, recently tied for ninth place in this year's *U.S. News & World Report* survey that ranks the nation's accredited medical schools for prospective students. The survey, titled "America's Best Graduate Schools," gives basic data about programs and curriculum to aid in a student's selection.

One-hundred twenty-five schools participated in the ranking in which U-M held its ninth place position for the past two years. Since it's introduction in 1987, the Best School survey bases its ranking on research activity and reputation, as well as faculty resources and student selectivity.

Another Top-10 list category denotes that U-M's Medical School reputation is considered strong among directors of intern and residency. That category placed the medical school fourth in a national ranking.

Faculty at U-M Medical School acquire more than $120 million a year for research from the National Institutes of Health. Nearly 700 students currently are enrolled in the medical school program—60 percent of which are residents of Michigan. ■

LETTERS TO THE EDITOR

continued from page 4

the pitfalls lurking in the so-called "non-partisan" ballot. We must seek the election of judges who will *not* turn a deaf ear to ending malpractice abuses.

MSMS should encourage all of its 14,000 members to influence their families and their personal friends as well as an additional 10 voters or those who would probably vote for the "wrong" candidate. If these 10 individuals end up voting for candidates favorable to medicine, we will have gone a long way to preserving quality as well as affordable medical care.

The February issue of *Michigan Medicine* stirred my emotions and made me wish that I were back with you again. But time has marched on, and I shall have to sit back, watch and pray for you. I trust that our Society will encourage all its members to work hard to get this job done.

Carl A. Gagliardi, MD
MSMS chair of the Board, 1985
MSMS past-president, 1987



Patient-debtor collection practices

By Richard D. Weber, JD, MSMS legal counsel

Question: We have a patient who has a past due balance at our office. We have sent several requests for payment to the home address with no response. Can we legally send a bill for services to the patient at his/her place of employment? Can we call the patient at his/her place of employment regarding a past due account?

Answer: Debt collection practices, including contacts by mail and/or telephone at a debtor's place of employment, are closely regulated under both Michigan and Federal law. However, a medical practice collecting in its own name on debts arising from the provision of services to its own patients can successfully comply with these regulations to allow contacts with the patient-debtor at his/her place of employment.

The Federal Fair Debt Collection Practices Act was enacted to eliminate abusive debt collection. Three types of entities are classified as "debt collectors," subject to the provisions of the Act: (1) entities whose principal purpose is debt collection; (2) entities who regularly attempt to collect debts owed to third parties; and (3) entities who, in the process of collecting upon their own debts, utilize a different name to create the appearance that the debt is being collected by an outside party. Since a medical practice's principal purpose is the provision of medical services, it is neither principally concerned with debt collection nor regularly in the business of collecting debts owed to another creditor. As long as a medical practice attempts to collect, in its own name, debts owed to it arising from the provision of medical services to its own patients, it falls outside both the definition of a "debt collector" and the requirements of this federal act.

The Michigan Collection Practices Act ("MCPA") restricts practices used in the collection of consumer debt. Since it is unclear whether the provision of medical services creates consumer debt subject to the MCPA, prudence dictates that this type of debt be treated as regulated by the Act. The MCPA also broadly defines the entities it covers, prohibiting most creditors from engaging in certain conduct as a means to collect upon a debt. A medical practice collecting debts arising from the provision of services to its patients would be a type of creditor regulated by the MCPA.

Two MCPA requirements are especially applicable to the practice of contacting a patient-debtor by mail or telephone at his or her place of employment. The first flatly precludes a collecting entity from communicating information relating to a debtor's indebtedness to an employer or an employer's agent. This provision clearly prohibits a creditor from disclosing specific information regarding a debtor's past due account to a debtor's employer or fellow employees. It is also possible that contacts that merely raise an employer's suspicion that its employee is the subject of debt collection activities are sufficient to violate this provision. Therefore, a creditor must exercise sound judgment and the utmost caution to ensure that any contacts made to a debtor's place of employment to collect a debt are discrete and targeted solely at the debtor.

The second regulation proscribes the use of harassing, oppressive, or abusive methods to collect a debt. This includes calling a debtor either repeatedly, at unusual times or places that are known to inconvenience the debtor, or between the hours of 9 p.m. and 8 a.m. without the debtor's permission. Pursuant to these restrictions, any mailings or phone calls to a debtor's workplace must be civil in tone, and not so frequent as to constitute harassment. If the debtor informs the collector-creditor that it is inconvenient for him or her to receive calls at work, a creditor should thereafter refrain from this practice.

There are many other collection activities expressly prohibited or required by the MCPA. Also prohibited are the use of false or misleading statements, communications with a debtor known to be represented by an attorney (with exceptions), threats of physical violence, publicizing debtor information, or the use of profane or obscene lan-

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Kristen Lare, managing editor, P.O. Box 950, East Lansing, MI 48826-0950.

guage. The statute also affirmatively requires an entity conducting collection activities to accurately disclose its identity when communicating with a debtor and to implement procedures to prevent violation of the MCPA by its employees. Obviously, a careful reading of the MCPA should precede any action to collect a debt.

Before contacting a patient-debtor at his or her place of employment, it is imperative that any proposed communication be carefully tailored to comply with the MCPA's requirements. It would also be wise to consider whether the benefit of utilizing these collection practices outweighs the risk of the potential penalties for violation of the MCPA, which include fines and private lawsuits by debtors. ■

The author is senior partner with Kerr, Russell, & Weber, Detroit.

Information on MSMS services and initiatives is available via Fax-on-Demand. Call (202) 289-0799.

In a time of rapid changes and challenges

Look to MSMS

- Tools and information to help you stay in control of your practice
- Reimbursement ombudsman
- Leadership at the state and federal level
- Patient advocacy and information
- Online news, information, and networking
- Risk management services
- AIDS and immunization information

Call 517-337-1351 for more information, or send e-mail to msms@msms.org. Find us online at http://www.msms.org.

Michigan State Medical Society
the Voice of 14,000 Michigan Physicians

Michigan AIDS fund

A helping hand for patients

By Karen DeVries

As he was making rounds at Flint's Hurley Medical Center one evening, Michael Boucree, MD, stopped to see a patient he had been treating for a long while. Doctor Boucree wasn't sure the man would remember who he was, due to the patient's severe AIDS-related debilitation and dementia.

"Oh yes, doctor," the man said, "you're the one who's keeping me alive."

It was a response that affects the doctor to this day. "Every time I see a patient who's dying, those words run through me."

As an internist in the Infectious Disease section of Hurley Medical Center, Doctor Boucree treats patients with HIV/AIDS every day. But he also serves on the board of directors of the Michigan AIDS Fund, a statewide, pooled-fund philanthropic response to AIDS. Last year, the Fund distributed more than $1.1 million in grants to AIDS-related organizations, mostly for prevention education and care services such as meal deliveries and transportation.

"Administrators and providers need to understand the secondary and tertiary preventive aspects of care."
Dexter Shurney, MD

Philanthropic board

Many of the Fund's board members represent philanthropies who wish to support HIV/AIDS prevention and treatment. But Doctor Boucree, who also is medical director of Hurley's Physician-Hospital Organization of Mid-Michigan and of Hurley Medical Group and volunteer medical director of Wellness HIV/AIDS Services of Flint, brings a different perspective: "I can lend some front-line sense of what is going on in the epidemic."

Doctor Boucree is one of three physicians in MSMS who serve on the board. Dexter Shurney, MD, vice president of medical affairs and corporate medical director for Blue Cross and Blue Shield of Michigan, and Fred Bryant, MD, a retired ophthalmologist and past-president of MSMS, also are members.

"I find the board to be very helpful for me in terms of knowing where the gaps in service are," Doctor Shurney said. "When I came on board two years ago, we had some gaps up north and in West Michigan that I wasn't aware of as I served in Southeast Michigan. It helps me to get a broader picture of what's going on with HIV service across Michigan."

Link to managed care

Doctor Shurney provides a critical link to managed care organizations, which are being forced to re-examine how they serve people with HIV/AIDS. Most people with HIV are on Medicaid, which the state now is shifting to MCOs. But people with HIV worry that MCOs focus too much on cost containment and not enough on medically necessary treatment—especially as new AIDS treatments are restoring large measures of health to the infected.

"Administrators and providers need to understand the secondary and tertiary preventive aspects of care," Doctor Shurney said. "They can prevent HIV from going into advanced stages with early diagnosis and treatment. And these are not the people you blow off because they call you and have a slight fever. Most physicians know that, but I don't think a lot of administrators know that."

Changing the face of AIDS

Doctor Boucree notes that the effectiveness of the drugs has drastically changed the face of the epidemic. "Now, HIV itself may not be the main concern," he said. "Rather, it's what brings other concerns to our attention, such as housing, medication, meals, transportation, and so on." These things are desperately needed by people with AIDS in order for the drugs to be successful but often out of reach because the treatment itself drains their financial resources.



Michael Boucree, MD



Dexter Shurney, MD



Fred Bryant, MD

It's concerns like this that prompt the Michigan AIDS Fund to be more than a grant-maker. It also provides education for people in the AIDS community, from physicians and managed care organizations to philanthropists and people with AIDS.

AIDS Conference

On May 28 and 29, for example, the Fund will host its 1998 Michigan Conference on AIDS in Ypsilanti. The conference, titled "HIV/AIDS: What Works. What's Next," will feature keynote addresses from national experts including David Butcher, MD, of the Kansas City Free Health Clinic, who will discuss challenges to HIV treatment, and Paul DiDonato, executive director of Funders Concerned About AIDS.

Also, the Fund has been hosting a series of symposia on the challenges of AIDS service delivery in Michigan in the coming decades. Representatives of the National Association of People with AIDS, Michigan's Medicaid managed care organizations, physicians, philanthropists, and people with AIDS have gathered to form consensus on critical issues for those living with the disease. A monograph detailing the discussions will be distributed widely, but especially to philanthropies and legislators who must make decisions about how HIV funds are allocated.

Advisory board brings education, understanding

Doctor Shurney will be the leader of the Fund's new corporate advisory board, not only to encourage corporate gift-giving, but also to teach workplaces about "the changing face of AIDS."

"One of the main challenges of this committee is to keep interests and understanding tuned to AIDS," Doctor Shurney said, especially as new AIDS drugs foster the misconception that there's a cure for the disease. "It's also important for people to understand that people who get AIDS are not just the lowest level of society. Anyone and everyone can get it. It spans every socioeconomic, ethnic, and gender strata. Groups like the Fund are able to show the communities this through the agencies they fund."

Physicians, too, could benefit from a working relationship with the Fund, Doctor Boucree said, by using it as a resource for collaboration with case managers and non-medical service organizations.

"The physician always has been the patient's advocate as to how we can best care for the whole of the patient," he explained. "But it's important for physicians to realize that everyone has a role. The Fund is willing to support the patient for some of the non-medical needs, or even to some extent the medical needs, to make sure the patient gets taken care of." ■

The author is a writer for the Greystone Companies, which is a management consulting firm that works with the Michigan AIDS fund.

For information on MSMS' AIDS Provider Education Project, please contact Tom Seely at (517) 336-5770 or tseely@msms.org

"Now, HIV itself may not be the main concern . . . rather, it's what brings other concerns to our attention, such as housing, medication, meals, transportation, and so on."
Michael Boucree, MD

NEWSMAKERS

David Baumgartner, MD, recently was appointed vice president of Medical Affairs for St. Mary's Health Services. Doctor Baumgartner, a physician with Grand Rapids Infectious Disease Specialists, has been with St. Mary's staff for more than ten years.

Karen A. Alton, MD, was honored by the American Medical Association during the Interim Meeting of the AMA's Resident Physician Section. Doctor Alton, a resident physician in pediatrics at the University of Michigan Medical Center, received the 1997 American Medical Association Glaxo Wellcome Leadership Award for the state of Michigan. The award is given to resident physicians who have displayed leadership and a strong commitment to the health of their patients and their community through volunteer service. Doctor Alton provides pre-participation sports physician examinations at the Saline Community Clinic in Ann Arbor. She has served as a medical volunteer for AIDSWALK and has helped conduct cancer screenings at a homeless shelter in Washington, D.C. During college, she spent five months volunteering with the Missionaries of Charity in Calcutta, India.



Steven DeSilva, MD, recently was appointed chair of the Department of Orthopaedic Surgery by the Detroit Medical Center and Wayne State University. Doctor DeSilva was previously acting interim chair and chief. He also serves as assistant professor for the Department of Orthopaedic Surgery at Wayne State University School of Medicine.

Jose L. Evangelista, MD, FACC, recently was elected chief-of-staff-elect for St. Mary's Hospital in Livonia. Doctor Evangelista is in private practice in Livonia and is board certified in internal medicine and cardiology, and he recently was certified in nuclear cardiology. He currently is a member of the National Committee on Foreign Medical School Education and Accreditation. He was appointed to this by President Clinton in 1994.



Thomas Simmer, MD, recently was named medical director at Health Alliance Plan (HAP). Doctor Simmer currently is a senior staff physician of general internal medicine for the Henry Ford Medical Group (HFMG). He also chairs the HFMG Prevention Committee and is part of the clinic faculty for the Henry Ford Health System Managed Care College.

Several physicians recently were appointed to the Kent Medical Foundation at its annual meeting on February 26, 1998. **David M. Krhovsky, MD,** was elected president and had been a trustee of the Foundation for two years; **Sarla Puri, MD,** was re-elected secretary-treasurer; **Willard S. Stawski, MD,** was appointed to complete the term of Blodgett Memorial Medical Center's medical staff representative. Other trustees are **R. Paul Clodfelder, MD, Richard K. Foster, MD, John R. Maurer, MD, and Jack L. Romence, MD.** The Kent Medical Foundation, a charitable trust founded by the Kent County Medical Society in 1961 and incorporated in 1966, gives financial assistance to students from Kent and bordering counties whom are pursuing careers in medicine and the allied health fields.

James W. Robertson, MD, was honored by the American Medical Association during the Interim Meeting of the AMA's Resident Physician Section. Doctor Robertson, a resident physician at the Kalamazoo Center for Medical Studies of Michigan State University, received the 1997 American Medical Association Glaxo Wellcome Leadership Award for the state of Michigan. The award is given to resident physicians who have displayed lead-

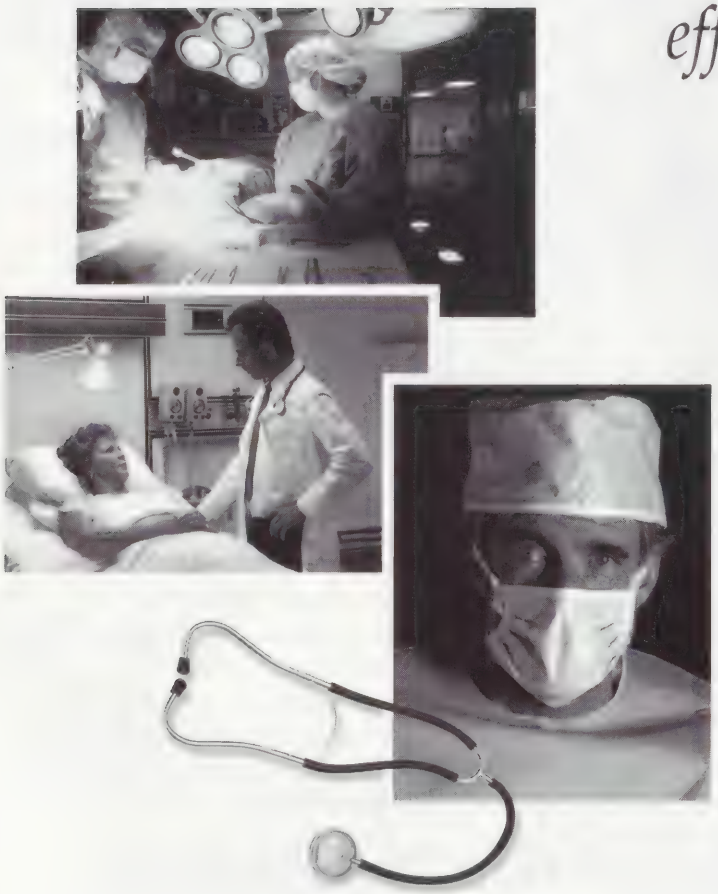


continued on page 14

Our ability to meet
your growing needs
has made

Meadowbrook

Michigan's most
effective liability
insurer.



You're a healer, a protector who provides a lifetime of care for your patients. But who is protecting you?

At Meadowbrook we'll develop a unique liability plan for you that is both affordable and flexible. This includes customized coverage to meet your growing demands in the ever changing health care profession.

It's called the Meadowbrook Way.

And as your practice grows to include a broader scope of healthcare services, you'll feel secure knowing that our Claim Prevention Service and Claims Counsel are available to answer any questions. Offering legal consultation to help your team understand their growing responsibility for their patients, we'll work with you to help prevent possible problems along the way.

Let us put our medical claims knowledge and experience to work for you. We'll keep you protected so you can provide the quality care your patients deserve, and will grow to expect.

STAR
INSURANCE
COMPANY

MEADOWBROOK®
INSURANCE GROUP
The Alternatives People.®

MIG
Listed
NYSE

Call Meadowbrook 1-800-482-2726: Ask for John Payne • www.meadowbrookinsgrp.com
Products and services provided by Star Insurance Co., Savers Property & Casualty Insurance Co. and other operating subsidiaries. Star and Savers are rated A- (Excellent) by A.M. Best.

continued from page 12

ership and a strong commitment to the health of their patients and their community through volunteer service. Doctor Robertson served as the director of a migrant farm clinic in Bangor, Michigan for four years. He also has volunteered at a free clinic in the Yucatan Peninsula of Mexico, where he drove from village to village providing medical care to the needy.



Apparao Mukkammala, MD, recently was appointed to the Hurley Medical Center's Board of Managers. Doctor Mukkammala, currently is Hurley Medical Center's head of radiology—and as a resident of Grand Blanc, is one of three new nonresident appointees to the Board. He also is a member of the MSMS Board of Directors.

The Michigan State Medical Society and the MSMS Committee of Hospice Medical Directors congratulate the following members who have received certification in Hospice and Palliative Medicine, as offered through the American Board of Hospice and Palliative Medicine: **Joseph Anderson, MD; Leslie Bricker, MD; Nancy Brinker, DO; Russell Bush, MD; John Finn, MD; Thomas George, MD; Laurey Hanselman, DO; Steven Klein, MD; Eugene Kulinski, MD; John Loomis, MD,FACS; Karen Ogle, MD; Thomas Palmer, MD; Lawrence Paul, MD; Kenneth Stoutenborough, MD; Richard Thiede, MD.**

Samuel R, Dismond, MD, recently was appointed to the Hurley Medical Center's Board of Managers. Doctor Dismond, of Flint, currently is Hurley Medical Center's chief-of-staff. He also is an active volunteer with the Genesse County Free Medical Clinic.

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

William F. Armstrong, MD, *Ann Arbor*
Monique R. Averill, *Okemos*
Jill D. Awtrey, DO, *Midland*
Brian A. Borden, MD, *Ypsilanti*
Martin J. Buckingham, MD, *Ypsilanti*
Willam C. Bucknam, MD, *Ann Arbor*
Thomas G. Casale, MD, *Clinton Twp*
Jennifer Cotton, MD, *Ann Arbor*
Steven Cusick, MD, *St. Clair Shores*
Genevieve DeBeaubien, MD, *Port Austin*
Jerry A. Evans, MD, *Spring Lake*
Kimberly A. Garver, MD, *Ypsilanti*
Charles R. Grassie, MD, *Brighton*
James Greenfield, DO, *Sebewaing*
Gregory Hackel, DO, *Troy*
Shuja Haque, MD, *Detroit*
H. David Humes, MD, *Ann Arbor*
Rashid Iqbal, MD, *Ubly*
Kenneth S. Johnson, MD, *Fruitport*
Carl M. Karoub, MD, *Royal Oak*
James S. Komara, DO, *Midland*
Mark P. Koniuch, MD, *Troy*
Ian E. Kurth, *Okemos*
Susan Malinowski, MD, *Southfield*
Kenlyn S. Miller, MD, *Southfield*
Annapurna Narla, MD, *Bloomfield Hills*
Agnes K. Ohno, MD, *Ann Arbor*
Juanita Punwaney, MD, *Detroit*
Ketan Rana, MD, *St. Clair Shores*
Kais L. Rayes, MD, *Ubly*
Ann M. Rehm, MD, *Sterling Heights*
Maria Samuel, MD, *Novi*
Mina M. Sehhat, MD, *Midland*
Peter Shaman, MD, *Clarkston*
Colleen A. Sheehan, MD, *Franklin*
Jolanta Sobotka-Czarnecki, MD, *Flint*
John M. Stone, MD, *Berkley*
Margaret D. Taha, *Clinton*
Andrew G. Wilson, MD, *Rochester*
Tod Wyn, MD, *Muskegon*
Peter A. Zahos, MD, *Northville*
Mark J. Zawisa, MD, *Brighton*



Climb on board for auto insurance discounts!

Good news! As a member of the Michigan State Medical Society, you now get a discount on auto insurance through AAA Michigan. You can get these special savings because of the overall favorable driving habits of your colleagues.

We also offer a variety of other discounts including a 10% group discount on homeowners insurance and additional discounts for insuring multiple products with AAA Michigan. So climb on board and save!



Contact your local AAA Michigan office for a free quote today!

AAA Michigan

or call 1-800-AAA-MICH • www.aaamich.com

Insurance is underwritten by the Auto Club Group Insurance Company and is subject to normal eligibility requirements.

OBITUARIES

Sam Alpiner, MD, died on January 3, 1998. He was 84. Doctor Alpiner graduated from Wayne State University School of Medicine. He was in the Army Medical Corp from 1941-45. Doctor Alpiner was a member of the Wayne County Medical Society and MSMS.

Benjamin Barenholtz, MD, died on January 19, 1998. He was 85. Doctor Barenholtz graduated from Wayne State University School of Medicine. He was a Captain in the Medical Corps of Austria from 1942-45. Doctor Barenholtz was a member of the Wayne County Medical Society, American Psychiatric Association (fellow), Michigan Society of Neurology and Psychiatry, and MSMS.

George D. Beyer, MD, died on January 11, 1998. He was 77. Doctor Beyer graduated from the State University of Iowa Medical School. He served in the military from 1945-47. Doctor Beyer was a member of the Genesee County Medical Society and MSMS.

Peter Chisena, MD, died on January 19, 1998. He was 88. Doctor Chisena graduated from the Loyola University Medical School. He was a member of the Bay County Medical Society, Lions Club, American Association of General Practitioners, and MSMS.

Richard I. Larned, MD, died on January 14, 1998. He was 80. Doctor Larned graduated from the Wayne State University School of Medicine. He served in the military from 1944-46. Doctor Larned was a member of the Wayne County Medical Society and MSMS.

C. Leslie Mitchell, MD, died on January 19, 1998. He was 96. Doctor Mitchell graduated from the University of Toronto School of Medicine. He was a member of the Wayne County Medical Society, Past-President of the Michigan Orthopaedic Association, Past-President of the Detroit Orthopaedic Association, Past-President of the American Orthopaedic Association, and MSMS.

DISCIPLINARY ACTIONS

The following actions of the Michigan Board of Medicine were taken following investigative and appropriate actions and are reproduced verbatim from summaries prepared by the Michigan Department of Commerce, Office of Health Services.

Name: Gordon R. Fishman, MD, 307 Belvedere, Charlevoix, MI
Action, Date Taken: Reprimand, Fine—$1,000.00, Probation—2 yrs., 1-29-98
Reason: Failure to Meet Continuing Education Requirements

Name: Robert Alexander, MD, Detroit Riverview Hosp. Dept. OB/GYN, 7733 E. Jefferson, Detroit, MI 48214
Action, Date Taken: Reclassified w/Unlimited License.

Name: Oliver A. Beamon, MD, 1322 E. Michigan #318, Lansing, MI 48912
Action, Date Taken: License Suspended—minimum 30 days, Fine—$5,000.00
Reason: Violation of General Duty/Negligence

Pepcid AC Acid Controller
ACID REDUCER / FAMOTIDINE TABLETS 10 mg

Covered by Michigan Medicaid

ACID INDEPENDENCE

FREEDOM FROM THE HIGH COST OF HEARTBURN

- **Pepcid AC®** **$0.28 per dose[1]**
- Ranitidine 150 mg $1.48 per dose[1]
- Prilosec®* 20 mg $3.59 per dose[1]



Medicaid requires a prescription for coverage of Pepcid AC® 10 mg

*Prilosec® (omeprazole) is a registered trademark of Astra Merck.

1. Sources: IRI, November 1997; *Red Book Update*, November 1997; IMS America, September 1997.

© Johnson & Johnson o MERCK Consumer Pharmaceuticals Co., 1998 ® Registered trademark of Merck & Co., Inc.

JVMC-039 2/98

MSMS MEETINGS

June

4, MSMS Committee on CME Accreditation. Location: MSMS Headquarters, East Lansing, MI, 1:30-4:30 p.m. Contact: Sarah Cressman at MSMS (517) 336-5727.

4, MSMS Bioethics Committee. Location: MSMS Headquarters, East Lansing, MI, 3:00-5:00 p.m. Contact: Dave Fox at (517) 336-5731.

15, MSMS/MPMLC "Making the Rounds." Location: Mid-Michigan Regional Medical Center, Midland, MI, 7:30 p.m. Contact: Tom Plasman at MSMS at (517)351-0041 ext. 606.

16, Learn How to Use the Internet in Your Medical Practice. Location: Baker College, Auburn Hills, MI. Contact: Jody Jodway at MSMS at (517) 336-7604.

17, MPMLC Physician Risk Management Educational Seminar: "Frequently Asked Questions II"—1998 Office Staff Program. Location: Lansing, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

17, MPMLC Physician Risk Management Educational Seminar: "Risky Records/Risky Business"—1998 Office Staff Program. Location: Lansing, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

17, MSMS Committee on CME Programming. Location: MSMS Headquarters, East Lansing, MI, 3:30-5:30 p.m. Contact: Sarah Cressman at MSMS at (517) 336-5727.

18, Learn How to Use the Internet in Your Medical Practice. Location: Central Michigan University, Mount Pleasant, MI. Contact: Jody Jodway at MSMS at (517) 336-7604.

18, I Am Your Child Task Force. MSMS Headquarters, Atrium Conference Room, East Lansing, MI, 10:00 a.m.- 12:00 p.m. Contact: Jennifer Anibal at MSMS at (517) 336-7595.

24, MSMS Committee on State Legislation and Regulations. Location: MSMS Headquarters, The Board Room, East Lansing, MI 2:00-5:00 p.m. Contact: Greg Aronin at MSMS at (517) 336-5739.

26, Learn How to Use the Internet in Your Medical Practice. Location: Baker College, Jackson, MI. Contact: Jody Jodway at MSMS at (517) 336-7604.

July

8, MPMLC Physician Risk Management Educational Seminar: "Frequently Asked Questions II"—1998 Office Staff Program. Location: Livonia, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

8, MPMLC Physician Risk Management Educational Seminar: "Risky Records/Risky Business"—1998 Office Staff Program. Location: Livonia, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

16 - 19. MSMS Midsummer Board Meeting. Location: Shanty Creek, Bellaire, MI. Contact: Irene Frost at (517) 336-5734.

AMA MEETINGS

June

14-18, 1998 AMA Annual Meeting. Location: Hyatt Regency Hotel, Chicago, IL. Contact: Neil Sutherland at AMA at (312) 464-4344.

MICHIGAN SPECIALTY SOCIETY MEETINGS

June

5, Michigan Society of Respiratory Care. Location: MSMS Headquarters, Dining Room, East Lansing, MI, 9:30 a.m.-3:00 p.m. Contact: Caroline Kimmel at MSMS at (517) 336-7587.

10, Michigan Section, American College of Obstetric and Gynecology. Location: MSMS Headquarters, Dining Room, East Lansing, MI, 2:00-5:00 p.m. Contact: Caroline Kimmel at MSMS at (517) 336-7587. ■

TWO MEN AND A TRUCK®
"Movers Who Care"®



**WE MAKE HOUSECALLS...
OFFICE CALLS TOO.**

You're facing a business move.
You're stressed.
It's time to call the movers in the business of moving.
We offer all the support you'll need, including packing and unpacking service and a complete line of professional packing supplies. Many of our franchises even offer overnight service, all to keep your down time to a minimum. From Holland to Pt. Huron, from Marquette to Macomb, we'll make moving your practice painless.
Call us for a free consultation.



TWO MEN AND A TRUCK®
"Movers Who Care"®
www.twomen.com

© 1997 TWO MEN AND A TRUCK®, INTL., INC.

Encouraging the Growth of Informed Health Care Consumers:

Weighing Different Perspectives

Greater Detroit Area
Health Council, INC.

Conference & Annual Meeting
June 4, 1998 at Cobo Center

Featuring:
Gail L. Warden, Henry Ford Health System
David J. Lansky, Foundation for Accountability (FACCT)
Denise Dador, WXYZ-TV/Channel 7

For registration or information call: (313) 963-4990 http://www.gdahc.org

Easing cancer pain

New CD-ROM program provides help, answers for patients

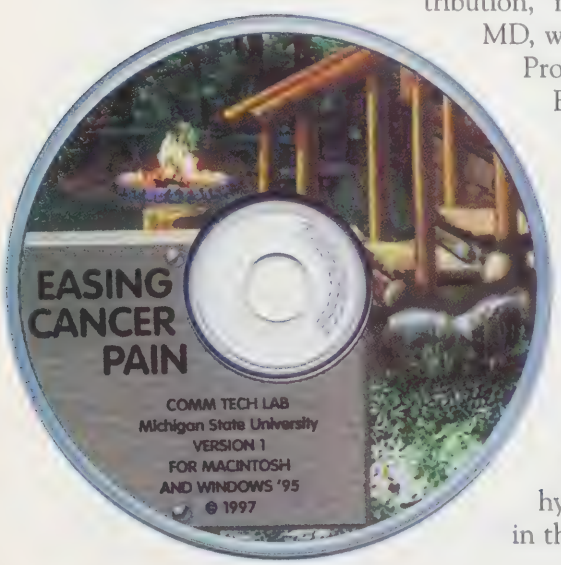
By Donna Kondek

Imagine sitting around an evening campfire, next to a lodge in the heart of the woods. Someone quietly strums a guitar nearby. You are having a heart-to-heart conversation with another person about the pain and fear that you've been experiencing; you've met her at a retreat center for people just like you. You are a cancer patient. You haven't been able to discuss your feelings with your own family or physician. But from your conversation this night, you gain the support that you never thought you could find.

Now imagine experiencing this while sitting at a computer.

Such an encounter becomes a reality for users of a new CD-ROM, *Easing Cancer Pain*. In addition to information, the CD-ROM provides access to a "virtual" support group. A simple-to-use hypermedia program, it incorporates video, audio, still photos, and text, fashioned to provide an experience that can impact people's lives.

"This is the cutting edge of information distribution," maintains Karen S. Ogle, MD, who is the director of the Program in Palliative Care Education and Research at the Michigan State University Cancer Center and a professor in the university's College of Human Medicine. Doctor Ogle developed the content and collaborated on the design of the CD-ROM with Darcy Drew Greene, a hypermedia project director in the MSU Communication Technology Laboratory and an associate professor of journalism.



The CD-ROM describes the assessment of cancer pain and its causes, the barriers and myths that may inhibit people from seeking or receiving effective pain management, and treatment. Viewers can also listen to and learn from engaging and powerful stories and advice, relevant to their own lives, told by people like themselves or like the person they might know who is dealing with acute or chronic cancer pain.

Choosing where to go

Upon beginning the program, the viewer uses a mouse to click on graphics on a computer screen in order to "enter" a welcoming lodge at a retreat center. There the user has options. One is to hear an extensive interview with Cicely Saunders, MD, the founder of the modern hospice movement. Another is to choose, from a map, to go to any "place" on the grounds that provides information about a specific concern.

Within the grounds, informational settings include the Assessment Lake, Barrier Dunes, and Treatment Forest. In each area (where the graphics and sound effects contribute to a user's sense of being in each environment), the user can click on images of wooden trail-side signs, which list additional informational areas. (For example, from the Barrier Dunes, a viewer can access information about barriers to reporting pain, or concerns about addiction to and side effects of medication.)

Or a viewer can go to the campfire circle, look at photos displayed there, and pick a person to listen to. Viewers may identify with and choose among men and women of diverse ages and ethnicities who are facing many different cancer-related situations, watch an introductory video on each, listen to additional relevant



Easing Cancer Pain CD-Rom program. *(left to right) Darcy Drew Greene, project director; Karen S. Ogle, MD, content director, professor, Department of Family Practice, MSU.*

audio quotes about that person's experiences, or just return to the campfire.

Drawing on others for help

"The personal stories have a role that's greater than just information transmission," Doctor Ogle stresses. Darcy Greene affirms: "Patients can listen to other people who have experienced cancer pain and ask: How did they feel about it? How did it affect their lives? What did they do? How did the care-takers feel about it?"

Particularly helpful is the ability to shift between information and personal stories to learn about the thoughts and feelings of more patients and caretakers than they might encounter face to face in their practices, Greene observes. A physician may not realize that some patients secretly believe that their pain is deserved or that they are being "bad" patients if they complain about their pain, Doctor Ogle points out. So the doctor doesn't know that the patient is in pain or that the current pain-relief program isn't working.

The CD-ROM holds important advantages over a typical fact-filled brochure or video, too. A viewer is "fed" information sequentially by a video, but within the virtual environment he can tailor his own experience. CD-ROM users access information in any order, choose to go to or totally ignore an area, end a path any time and choose another one, and stay as long in or repeat an area as often as needed. They can also have the content read to them or shut off the narration.

For multiple audiences

Just as cancer patients and their families may hesitate to talk about some issues or ask questions, they may also just be starting to learn about concerns that may grow in significance for them later. By using the CD-ROM, "they can hear what experts and other people say about these in a safe, private, comforting environment, where they don't have to respond," Greene explains. "They can just take the information in. And if it's comfortable, they can pro-

"They can hear what experts and other people say about these in a safe, private, comforting environment, where they don't have to respond."

Darcy Drew Greene

To place your order for a free copy of the *Easing Cancer Pain* CD-ROM, please send your request to the MSMS Communications Department, 120 W. Saginaw, East Lansing, MI 48823 or msms@msms.org

ceed. If it's uncomfortable, and they're not ready to hear it at this time, they can click off and go in another direction. So I think it's a totally new way of learning, of experiencing, of getting questions answered without having to ask the questions themselves."

"I follow a philosophical premise that the more educated a patient, the easier it is to help him or her," Doctor Ogle states. The CD-ROM helps people with cancer pain and their families know how to talk to health care professionals about pain and disseminates the message that pain can be relieved, she says. Doctor Ogle sees this project as complementary to efforts by MSMS to improve professional education in pain management.

"It [CD-ROM] enables you to completely individualize an education process about pain. . . . it would be hard for me to always know what are the most important pieces for a given individual."
Karen S. Ogle, MD

The CD-ROM includes interviews with people ranging from cancer survivors to people dying from the disease, as well as relatives of some who have died. "I think that there's actually far more harm done in our culture by not talking about death and dying than by talking about it," comments Doctor Ogle. "However, if you're treating somebody who you're anticipating curing of cancer, clearly you don't want to give them the message that you're just lumping them together with people who are dying. So I think there would be times when it would be important to stress that pain is a problem that spans a whole spectrum of cancer, from curable to terminal, and it's all represented in this program."

Although Doctor Ogle believes the CD-ROM needs no introduction, she might tell patients: "It enables you to completely individualize an education process about pain. There's so much to know about pain. It's more than you and I could possibly discuss, and it would be hard for me to always know what are the most important pieces for a given individual."

"The overall experience is designed to be comforting, peaceful, and familiar," Greene points out. The design was modeled after that of the Breast Cancer Lighthouse, an educational CD-ROM developed by the Communications Technology Lab for women newly diagnosed with breast cancer. That well-received project used as its "setting" a serene island with a beach and garden paths to present the insightful stories of women treated for breast cancer, as well as facts about diagnosis, treatment options, and recovery.

In the course of providing many consultations through her work in hospice care, Doctor Ogle was aware that although health care professionals share the goal of providing good pain relief for patients, that goal was not always achieved because of gaps in professionals' knowledge.

Marie Swanson, MD, the director of the Cancer Center and a key supporter in the development of Doctor Ogle's palliative care program, kept encouraging her to take a look at the CD-ROM on breast cancer. Not computer-oriented initially, Doctor Ogle hesitated, but upon finally viewing the Lighthouse she found herself "just blown away" by it and decided she wanted to help develop a similar CD-ROM about pain.

As *Easing Cancer Pain* has been demonstrated at professional conferences around the country, it has garnered overwhelmingly positive reactions and acknowledgment for its uniqueness, Doctor Ogle and Greene report. A coalition of organizations and agencies is developing a plan for its production and distribution.

The CD-ROM runs on Macintosh, Windows 3.1, and Windows 95/NT, requires 16 MB of RAM, and includes about 10 hours of content. Its development was funded by MSU's office of the vice provost for libraries, computing, and technology, the Cancer Center, and the Department of Family Practice. In keeping with the university's outreach mission and to provide access to a large audience, the basic information in *Easing Cancer Pain* is also available on a Web site (http://commtechlab.msu.edu/sites/cancerpain). ■

The author is a Haslett-based freelance writer.

Announcing...

Malpractice Insurance Alternatives!

Cunningham Group

"Insurance and Risk Management Services Since 1947"

Call Toll Free: 888.656.7070

As specialists in malpractice insurance, the Cunningham Group can offer you top-rated and cost-effective malpractice insurance alternatives for:

• Individual and Group Practice Physicians and Surgeons •
• Clinics • Surgery Centers • IPAs • PHOs • MSOs •
• Multi-Specialty Practices •

For Additional Information, Contact:
Terri L. Richards
888-656-7070 or 616-465-7070
Fax: 616-465-5007
Cunningham Group

Office Locations:
Stevensville, Michigan • Cleveland, Ohio • Chicago, Illinois
Houston, Texas • Columbus, Ohio • Pittsburgh, Pennsylvania

Treating Michigan's ethnic populations





Caring for different cultures

Treating Michigan's diverse ethnic population can present unique challenges for physicians—challenges that can become problems if physicians are not appropriately prepared and educated.

Social customs, language barriers, and familial involvement are only a few of the issues presented by cultural differences. For physicians, the key to successfully treating ethnic patients is to become knowledgeable and respectful of many cultures and traditions. This month, Michigan Medicine *presents successful examples in which physicians and health care organizations are meeting that challenge.*

Understanding and embracing multiculturalism in the health care arena

By Ralph D. Ward

It's been a frustrating day for both you and your patients. One patient showed up late for his appointment, and then didn't seem the least impressed with your concern about punctuality. Another patient insisted on bringing her entire family with her. And with the next patient, you experienced a language barrier. In your attempt to communicate through gestures, he seemed offended.

Perhaps you haven't experienced quite this many culture clashes with patients in one day. However, if you're a physician who has limited exposure to the health care traditions of other cultures, you've likely come across as lacking cultural competence to at least one patient at some time in your career and you may not even know it. Because we are a nation of immigrants, it is easy to assume that those from different cultures will understand "American" culture—as opposed to us having to understand theirs.

This double standard is crumbling a bit as the 20th century winds down. America is now a multicultural society. Patients can now find physicians of their same ethnicity, if they so choose. "More and more diverse populations are attracting their own physicians," observes Busharat Ahmad, MD, a member of the MSMS Board of Directors who has long been involved in immigrant physician issues.

Ethnic awareness increases with population growth

In 1990, the share of the American population with white ethnic European roots stood at 75 percent. By the year 2020, however, this percentage will likely fall to around 53 percent, with Blacks, Hispanics, Asians, and American Indians showing a higher population growth. The U.S. Hispanic and Asian population will triple over the next quarter century, and the Black population will double.

These growing groups expect health care that is in sync with cultural traditions. This will place greater demands on physicians to deal effectively with patients outside their own cultural scope. Many physicians are simply unaware of their patients' diverse cultural needs. "We tend to impose our practices on others, disregarding their cultural values," observes Janice Dobbins Andrews, president of Jamarda Resources of Winston-Salem, North Carolina, a consulting firm on cultural health care issues.

Cultural faux-pas

The opportunities for culture collisions are particularly common in health care, notes Andrews, who has collected many examples. The physician in our earlier example thought he was giving his patient a welcome "OK" sign. But in many South American countries, gesturing with the thumb-and-forefinger "OK" is a vulgar sexual gesture.

Even seemingly innocuous moves can carry a negative message. To sit with the soles of one's feet showing is thought insulting in some Asian cultures, and in many lands stuffing one's hands in one's pockets while speaking sends the message that you find your listener boring and inconsequential.

But these are just basic "do's and don'ts." On a larger scale, Andrews finds that western physicians, with a proven scientific, rational approach to health care, tend to be impatient with the more holistic philosophies of other cultures. She notes that the western view of health care is based on several key beliefs.

First is the image of optimal health. In the West, "we view this image as a slim, white female, or a muscular white male on his way to the gym." Other cultures may measure being "healthy" with different markers.

Second, in the West we place a different emphasis on individualism more than most other cultures do. "This leads health workers to assume the goal is for each patient to be self-sufficient," when in many cultures the "normal" circle of care includes the extended family.

Another predominate western concept is the emphasis on timeliness and punctuality. Many other cultures have completely different concepts of time. In health care, tightly scheduled appointments may not seem important to other culture's more "laid-back" ideas on clock-watching.

Finally, the focus on western technology sometimes conflicts with many cultures' expectations for "personalized" care. One example that can frustrate both consumers and providers is the use of voice mail. Sometimes voice mail systems are so complicated that patients give up in their attempts to access health serves. In other cultures, where manpower is often cheaper, the human touch is both more common and more expected.



"More and more diverse populations are attracting their own physicians."

Busharat Ahmad, MD

Resolving the culture clash

These, and many other differences can lead to culture clashes between physicians and patients—clashes that can result in less effective, less timely, and less responsive care. This problem goes beyond the common American physician struggling with ethnic patient concerns. International medical graduate (IMG) physicians in Michigan face culture conflicts on two fronts. IMGs face the unique challenge of adapting both their approach to treatments, and their assimilation to U.S. standards and customs. "Physicians who come from other lands have to learn about the American culture at the same time they are learning about American medicine," says Doctor Ahmad.

He says that the licensing process for IMGs increasingly measures this need to overcome language and cultural barriers in dealing with patients. "The Clinical Assessment Test sees how well IMGs do in talking with a patient to assess problems, find out medical histories, and make diagnoses." Still, Doctor Ahmad finds that IMGs actually can do a better job than some American physicians at overcoming culture conflicts because they are aware of the need for extra effort. "They understand the problem better from both ends. Unless they learn to deal with cultural differences, they know they won't be able to help patients."

New programs bring cultural awareness, sensitivity

As demographics change, the culture gap between some Michigan physicians and their ethnic patients continues to grow. However, efforts are underway to bridge this gap between doctor and patient, both at the institutional level and among practitioners themselves.

For example, Oakwood Hospital, in Dearborn, recently has added a "Transcultural Nursing" consultant to its staff specifically to teach and advocate on ethnic and religious issues. Najah Bazzy, RN, has been busy for the past six months at Oakwood, setting up a cultural sensitivity program at the hospital, acting

as a patient advocate, translator, and consultant regarding Oakwood's transcultural needs.

With a local Arabic population of 250,000, Arab patients are Oakwood's first and foremost target ethnic group. "But we plan to expand our focus to Hispanic and other groups," notes Bazzy. What are some of the hottest cultural conflicts she sees? "The modesty issue with Muslim female patients is very important. Female patients want to be examined by a female provider, not male. They can be adamant about this especially because modesty is a religious issue as well as a cultural issue." A feature of some Muslim beliefs is the moral significance of maintaining a modest dress code, a custom that Bazzy finds often misunderstood or confusing to western caregivers. Consider one Muslim woman's perspective: "If I'm not comfortable exposing my body or hair in public, then what makes you think I'll be comfortable with a vaginal examination?"



"We tend to impose our practices on others, disregarding their cultural values."

Janice Dobbins Andrews, consultant

Bazzy finds that non-western cultures deal with health care in different ways, which can cause some dilemmas for physicians, who must choose between meeting proven standards of care and being sensitive to cultural and religious values. "More physicians are accepting and promoting patient/physician partnership concepts of care. They believe that care should be arrived at through agreement between both the physician and the patient. Some cultures hold the physician in such high regard that they don't dare ask questions, but prefer just doing what the physician tells them."

The concept of informed consent is another health care issue the West views as unarguable. Bazzy, however, finds this concept less than universal in some other cultures. "We [as health care providers] feel the person getting treatment needs to know everything, so we tell them all the risk factors. But the family may not want the patient to know this as they're rolling their loved one into the OR. Still, legally, this is material that the patient needs to know, so this can be a struggle both because of language barriers and the psychological impact of explaining "all" the risk factors often in an untimely manner in order to facilitate informed consent."

Time of death issues grow further complicated when dealing with different cultures. While western society tends to keep family away from the realities of dying and internment, other cultures are much more involved. In some cultures, family members are expected to wash and prepare the body for burial themselves; keeping the body off limits can create conflicts. Also, the Muslim faith mandates that the dead must be buried within 24 hours. This can often clash with our hospital and legal bureaucratic needs.

Cultural training largely accepted

Despite (or perhaps because of), such variences, Bazzy finds Oakwood largely open to the need for improved cultural training. "We were facing a frustrated staff, and lots of patient requests, and community pressure. We decided



(from left to right) Najah Bazzy, RN, of Oakwood Healthcare Systems, talks with A. H. Tuma, MD, and Alixa Naff, PhD, consultants for the Office of Refugee Resettlement in Washington D.C.

that it was just good business for any community-based hospital to acknowledge and accommodate their clientele's health care concerns." Physicians also have been supportive of the training and changes. "Here at Oakwood, a multidisciplinary strategic team of physicians, nurses, and administration have organized to address the needs surrounding culturally congruent care," says Bazzy. "The majority of physicians have been very excited. They realize it's part of their business, and that if they have a global understanding of health care, their client base is that much broader." She finds that intensive care, surgical, and ob-gyn staffs members have been the most eager for training on culture issues. "Physicians and health care providers really need to know that culturally sensitive and competent care are just as important in the healing and treating of their patients as are prescriptions and invasive testing," says Bazzy.

But individual physicians also have been making advances on ethnic medicine issues.

For Susan H. Adelman, MD, the best way to serve her community's large Middle Eastern population was to immerse herself in its language and customs. Doctor Adelman, a pediatric surgeon, practices in Dearborn, home to one of the largest Arabic-speaking populations in the United States. A large number of Lebanese immigrants settled in Dearborn after their homeland's civil war. There also is an active community of other groups, including Iraqis and Yemenis. Though all these ethnic communities

"Physicians and health care providers really need to know that culturally sensitive and competent care are just as important in the healing and treating of their patients as are prescriptions and invasive testing."

Najah Bazzy, RN

have unique histories, many share common language and customs; many speak primarily Arabic, and worship in the Muslim faith.

Going the "extra mile"

Doctor Adelman became aware of the changing face of her community about 15 years ago and realized that this posed a formidable challenge. "People started coming in who spoke only Arabic. They might bring along a child to translate who was studying English, or perhaps dad spoke English and mom didn't. Usually the person who *didn't* know the symptoms *could* speak English, and the one who *did* know the symptoms *couldn't*. I might speak in English for five minutes, and then hear the translator sum up what I'd said in one sentence. I felt a disconnect with the patients, and decided I needed to learn Arabic."

While Doctor Adelman has always had a flair for languages (she taught herself Hebrew), the Arabic language can be very difficult for nonnatives to learn. Fortunately, when a young Lebanese woman brought her child in for care, Doctor Adelman found that the woman taught English to Arabic-speaking children. "I asked her to teach me," recalls Doctor Adelman. "She was quite willing, but with one condition: She wouldn't accept any money, because she felt it was her duty to help me take care of her people."



"Some of the older patients refuse to believe that I'm not a native speaker . . . but they also realize I went to a great deal of effort to learn Arabic to better treat them, and they're impressed."

Susan H. Adelman, MD

The lessons progressed, and Doctor Adelman became proficient in conversational Arabic, enhancing her level of care with patients and amazing a few of them. "Some of the older patients refuse to believe that I'm not a native speaker, because the language is so difficult to learn. But they also realize I went to a great deal of effort to learn Arabic to better treat them, and they're impressed."

Language is only one of the cultural cues that Doctor Adelman has learned from her tutor, her tutor's husband, and their extended family. "In their culture, the model relationship is the family, and when you become accepted, you're somewhat adopted into that family. The older woman views you as her daughter, and family members of your own age view you as a sister." The family relationship tends to extend to aspects of care, with the family group automatically pitching in to offer care to members, and taking part in discussions of treatment.

Knowledge of religious beliefs also is important. This knowledge can help a physician avoid faux pas, and also serve as a diagnostic aid. "A family called about their son, who was suffering abdominal pains and there was concern he might have appendicitis. I saw the child, and knew right away that this wasn't an appendix, but I also knew that we were in the Muslim holiday of Ramadan," when believers fast from dawn to dusk. Doctor



Doctor Adelman discusses a case with a patient's mother.

Adelman learned that the child had indeed been fasting, and hadn't moved his bowels in five days, so she was able to offer quick diagnosis and treatment. "If a doctor didn't know about Ramadan, the obvious explanation would not have been there." Doctor Adelman has found the payoffs from Arabic cultural literacy to be enormous and obvious. "It's absolutely essential. I don't know how other doctors dealing with the Arabic community are able to cope."

Ultimately, physicians can learn to deal with cultural differences not by learning rules, but by increasing sensitivity. Knowing what values are important to Muslims, for example, will only take you so far, since there are hundreds of cultural variants within the Muslim community based on national origin, age, and income. Even within our western culture we must be willing to recognize our differences. Doctor Ahmad notes that he recently attended a program on "being culturally sensitive to different age groups. Baby boomers and baby busters see things completely differently, and that's just within the U.S. population." ■

The author is a Riverdale-based freelance writer.

The future of managed care

Federal Patients' Bill of Rights



By Thomas A. Stone, MD

As the political climate in Washington keeps pace with the rising spring temperatures, powerful health care lobbies warm up to do battle. The Patients' Bill of Rights, H.R. 3605, introduced by John Dingell (D-MI) was tossed into the fray on March 31, 1998. Although this legislation has been skillfully crafted to shift the balance of power from managed care companies to patients and physicians while preserving fairness, quality, and competition, it faces an uphill battle

The AMA and MSMS are working hard to make this bill a cooperative, bipartisan effort.

The Patients' Bill of Rights also prohibits interference with the physician-patient relationship by banning "gag-clauses," improper incentive arrangements, and contract clauses that allow a plan to discharge or exclude physicians from a network without stating any reason for their actions or providing any right of appeal.

Other provisions in the Patients' Bill of Rights include the establishment of quality and information standards, and the right of patients to appeal plan denial of care to an impartial review agency and to hold plans accountable in state courts for decisions that cause personal injury or death. Protections are also given to breast cancer patients by prohibiting "drive-by" mastectomies and requiring coverage of reconstructive surgery after a covered mastectomy.

ERISA

The Patients' Bill of Rights addresses a very sensitive and crucial issue for organized medicine: The Employee Retirement and Income Security Act of 1974 (ERISA). While the original intent of ERISA was to protect employee-sponsored retirement plans from regulation, its more recent and unintended effects are problematic for organized medicine under managed care plans. Physicians and hospitals are being held liable for medical decisions made by managed care insurance companies. This legislation amends ERISA to protect patients from the frivolous economy of managed care as well as physicians, hospitals, and employers from liability when the managed care entity makes inappropriate medical decisions.

Important points of the Federal Patients' Bill of Rights

The principles of this legislation include:

- Prohibition of arbitrary limits on services, such as hospital stays, if those services are medically necessary in the judgment of the attending physician and consistent with accepted standards of practice;
- Requirement of coverage of emergency services if a prudent layperson would conclude that such care is needed
- Assurance of access to needed specialty care, including direct access to obstetrical and gynecological care; use of specialist as a primary caregiver for those with serious, ongoing conditions; and referral to a non-network provider at no additional cost to the beneficiary if there is no provider in the network with sufficient expertise.
- Guaranteed continuity of care for a reasonable period for individuals in the course of treatment or who are pregnant, even if a plan terminates a provider or an employer who switches plans.
- Assured access to quality and appropriate clinical trials for those with no other adequate treatment alternative.
- Requirement of plans that cover prescription drugs to cover the cost of all necessary drugs even if they are not in the plan's formulary.
- A prohibition against gag clauses and gag practices.
- Patients will have the ability to appeal to an independent, external body when their plans have denied coverage from medically necessary treatment.



(left to right) MSMS President Peter A. Duhamel, MD; U.S. Rep. John Dingell; MSMS Board Chair Krishna K. Sawhney, MD,; WCMS President Mitchell A. Sandler; and MSMS Managing Director Kevin A Kelly met March 16 in Detroit to discuss Dingell's proposed Patient Bill of Rights.

Capitol Hill perspective

The Patients' Bill of Rights is very sensitive politically. Although the Democratic leadership in both houses introduced it and the White House endorses it, the legislation itself contains many provisions similar to Republican bills and bills sponsored by physician members of Congress. The AMA and MSMS are working hard to make this bill a cooperative, bipartisan effort. However, partisanship may not be its biggest threat. The insurance and business lobbies are working hard to defeat any ERISA reform and patient protection legislation. The National Federation of Independent Businesses and the Health Insurance Association of America have begun to organize a large push against this or any other patients' rights bill. They are reported to have a $1.5 million war chest to ensure defeat.

Your voice is needed

It is imperative, therefore, that physicians make their feelings known in Washington, D.C. Please contact your Congressman (about H.R. 3605) and Senators (about S.1890) as soon as possible and tell them how important ERISA reform is to you, your community, state, and nation. Please keep in mind that your comments, whether written, called, e-mailed, or faxed, will be recorded and taken into consideration by your Congressman or Senator. And if possible, share your ideas with them on a personal basis by making an appointment, which any constituent can do with a simple letter and phone call.

Passing the Patients' Bill of Rights would be a solid step toward maintaining a competitive and cost-effective managed care system while ensuring a healthy, safe, and fair future for all Americans.

For more information please see our MSMSNET website, or contact Kevin A. Kelly, managing director at MSMS, at (517) 336-5742, or at kkelly@msms.org; or Dustin May, executive office intern, at (517) 336-5708, or dmay@msms.org. ■

The author is chair of MSMS Federal Legislative Committee.

Passing the Patients' Bill of Rights would be a solid step toward maintaining a competitive and cost-effective managed care system while ensuring a healthy, safe, and fair future for all Americans.

Michigan State Medical Society
the Voice of 14,000 Michigan Physicians

FAX ON DEMAND

Doctor,
These documents are available upon request. Please call (202) 289-0799 from a touch-tone phone and enter the document(s) number to have information faxed to you any time, 24 hours a day.

__ **10 Updated Fax on Demand Menu**

MEMBERSHIP SERVICES:

__ 20 About MSMS
__ 21 Member Service Representatives
__ 22 Physician Service Group, Inc. (PSG)
__ 23 MSMS Women's Caucus
__ 24 MSMS Section for International Medical Graduates (IMG)
__ 25 MSMS Young Physicians Section
__ 26 MSMS Medical Student Section
__ 27 Michigan Delegation to the American Medical Association (AMA)

EDUCATIONAL OPPORTUNITIES:

__ 30 E&M Documentation Coding Guidelines, 1998 Seminars
__ 31 Using the Internet in Your Medical Practice
__ 32 Medical Business Specialist Program (MBSP)
__ 33 Palliative Care: Comprehensive Care at the End of Life

QUALITY IMPROVEMENT ISSUES:

__ 40 Physicians' Review Organization of Michigan (PROM)
__ 41 Michigan Institute for Medical Quality (MIMQ)

PUBLIC HEALTH, PATIENT RELATIONS:

__ 50 Review of the Health Status of Michigan's Citizens
__ 51 MSMS AIDS Provider Education Project
__ 52 MSMS Committee of Hospice Medical Directors

POLITICAL, LEGAL ISSUES:

__ 60 MSMS Legislative/State Government Agenda, 1998
__ 61 State Legislative Update
__ 62 Michigan Doctors' Political Action Committee (MDPAC)
__ 63 MSMS Grassroots Political Action Programs
__ 64 ERISA Brief

THE BUSINESS OF A MEDICAL PRACTICE:

__ 70 Michigan Medical Advantage (MMA)
__ 71 MSMS "Hospital Financial Information in Brief" Reports

INSURANCE

__ 80 MSMS Health & Dental Insurance Programs
__ 81 Michigan Physicians' Mutual Liability Company (MPMLC)

SPECIAL INTEREST

__ 90 MSMS Alliance, Spouses' Organization
__ 91 MSMS Foundation, Philanthropy
__ 92 MSMS Foundation 6th Annual Golf Classic

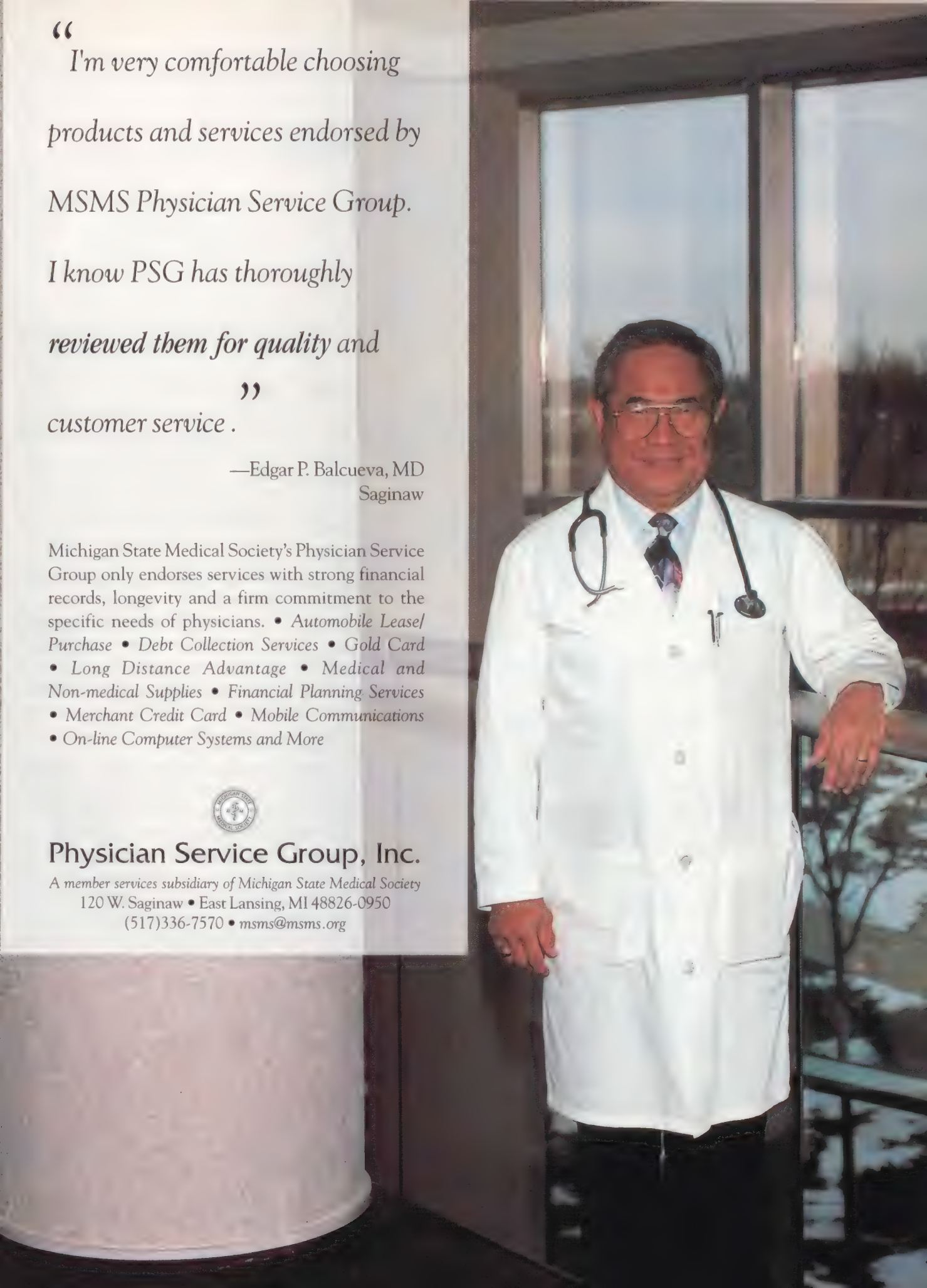
*"I'm very comfortable choosing products and services endorsed by MSMS Physician Service Group. I know PSG has thoroughly **reviewed them for quality** and customer service."*

—Edgar P. Balcueva, MD
Saginaw

Michigan State Medical Society's Physician Service Group only endorses services with strong financial records, longevity and a firm commitment to the specific needs of physicians. • *Automobile Lease/ Purchase* • *Debt Collection Services* • *Gold Card* • *Long Distance Advantage* • *Medical and Non-medical Supplies* • *Financial Planning Services* • *Merchant Credit Card* • *Mobile Communications* • *On-line Computer Systems and More*

Physician Service Group, Inc.

A member services subsidiary of Michigan State Medical Society
120 W. Saginaw • East Lansing, MI 48826-0950
(517)336-7570 • *msms@msms.org*



Samuel R. Dismond, MD

Keeping the "tradition" in medicine

By Kathleen Farrell

Everyone remembers the traditional family physician from days gone by–the loyal "town doc" who would tramp knee-deep through the snow in the dead of winter to cure a young child's whooping cough, deliver a baby, or maybe just to sit and visit awhile after services had been rendered. It wasn't the actual dispensing of medicine that made this such an awe-inspiring person, but the hands-on healing, the caring, the sympathetic ear that brought such warmth and comfort to those in need.

"Don't be so reserved, don't be so intellectual that you feel you can't touch the patient. You can, and it's part of the healing."

Samuel R. Dismond, MD

Inspirational beginnings

When Samuel R. Dismond, Jr. was a child, one of his heroes was his own family doctor. "I remember seeing him come to our home, how we all felt, 'My Goodness, what an educated person,' " says Doctor Dismond. "I wanted to be like that."

Doctor Dismond's high school yearbook also predicted a bright future: "Cheerful, versatile, good speaker, wants to be a doctor." And, after lots of hard work, Doctor Dismond got his wish. He now is serving his second term as chief-of-staff for Hurley Medical Center in Flint while running a busy family practice nearby. His philosophy is simple: To heal the sick, you must be willing to touch, to listen, and to care. It is a philosophy he also carries into his personal life.

Doctor Dismond grew up in Harrisburg, Pennsylvania with his parents and two brothers. His mother was a beautician, and his father served as a laborer in various positions including waiting tables and working in the steel mills. Both parents graduated from high school, but did not attend college. Doctor Dismond earned a bachelor's degree from Lincoln University in Pennsylvania with the support of his parents, odd jobs, and a partial scholarship. He was drafted into the army during the Korean War before he could begin medical school.

"That was a very depressing period of my life but there was a blessing there because [afterward] I had no economic worries at medical school," says Doctor Dismond, who, after leaving the army, went on to Howard University's School of Medicine in Washington, D.C. "The GI Bill paid my tuition, living stipend, books—it took care of it. My mind was free to grow and learn my profession."

Doctor Dismond remembers his graduation from Howard in 1959. "I can still hear my father saying to me, 'This is the happiest day of my life.' I was so blessed to hear my father tell me that."

A bright career begins

Fresh from medical school, Doctor Dismond headed to Michigan to begin the hands-on work he had dreamed about as a child. He did his internship at St. Mary's Hospital in Grand Rapids, and his general practice residency at St. Joseph Hospital in Flint where he served as chief-resident for two years. Doctor Dismond also received the Mead Johnson Award for Graduate Training in General Practice in July of 1960—one of only 20 physicians in the entire country to receive the award.

And even though Doctor Dismond was working hard on his future career goals, he still managed to nurture his personal life as well. In 1958, still in medical school, he married his college sweetheart, Janice, who had graduated from Howard with a degree in nursing. It is a union that has produced seven children, eight grandchildren, and a flourishing private practice in Flint where they both work.

Practice success, personal triumph, family accomplishments

Doctor Dismond says Janice, an RN, is integral to his success as a physician, and to the practice overall. "It's wonderful," he says. "I think the best tribute to that success is my getting the 1997 Family Physician of the Year Award from the Michigan Academy of Family Physicians. Patients nominate you and many of them mentioned Janice, saying they honor her along with me."

Janice joined the practice, which includes partner Elmahdi M. Saeed, MD, 13 years ago as office manager after their children were grown. She has high praise for her hard-working husband. "We just work together well," she says. "It's easy because he's so easy to get along with. He practices what he preaches, he lives what he says, and to me that's very important. I'm behind him every step of the way, all the time."

Doctor Dismond's gentle manner combined with an easy laugh makes him an engaging, personable doctor. Janice also embodies these traits and their warmth is palpable even throughout the hustle and bustle of a busy office. There is a friendliness to the place—from the waiting room all the way out to the hallways where brightly painted murals, donated to the hospital by his wife and children, honor the life of Doctor Dismond.

The loving, hard-working example set by the Dismonds has also been passed on to their seven children who range in age from 30 to 38. It was always a home filled with music and appreciation for the arts.

"All of my children can play one or two instruments," says Doctor Dismond, whose favorite activity now is ballroom dancing with his wife. The couple's finesse on the dance floor is legendary throughout the Flint community. "My wife and I are kidded, 'Doctor Dance!' " says Doctor Dismond. "But we love it!"



Doctor and Mrs. Dismond review a case.

A busy schedule

Also packed into his busy schedule is community service work. Doctor Dismond volunteers regularly at the Genesee County Free Medical Clinic, which provides free medical service to the uninsured throughout Flint.

Doctor Dismond says he makes sure to stay healthy, which means eating properly, exercising regularly, and traveling. Devout Catholics, the Dismonds are also involved with their church. "And we have three grandchildren right here in town. Those kinds of things balance it all."

Doctor Dismond's advice for young physicians just starting out? "Get a good history, and don't forget to touch the patients. Don't be so reserved, don't be so intellectual that you feel you can't touch the patient. You can, and it's part of the healing."

Thanks to Doctor Samuel R. Dismond Jr., the basic principles of the family doctor still hold up in Flint, Michigan. ■

The author is an East Lansing-based freelance writer.

Be sure to read more about the Genesee County Free Medical Clinic on page 40 of this issue.

"He practices what he preaches, he lives what he says, and to me that's very important. I'm behind him every step of the way, all the time."

Janice Dismond, RN

John Bizon, MD

Experiencing medicine without means in the third world

By Karen Bouffard

Battle Creek otolaryngologist John Bizon, MD, has a special appreciation of the benefits of practicing medicine in the United States. After treating patients in remote areas of the Philippines and Honduras, the former U.S. Air Force flight surgeon knows what it's like to work without proper facilities, equipment, and medicines—or even basics like clean water.

"I think we need more work on things like clean water and adequate sewage. It's a matter of cooking, hygiene, and sanitation."
John Bizon, MD

"It makes you more aware of the world that we live in," said Doctor Bizon, who worked as a volunteer in the Philippines while stationed there as chief of Otolaryngology at Clark Air Force Base.

"In-field" experience

Doctor Bizon joined the Air Force after graduating from Wayne State University Medical School in 1977. He spent several years as a flight surgeon stationed at KI Sawyer Air Force base in upper Michigan. In 1982, Doctor Bizon was transferred to San Antonio ("from one extreme of weather to the other," he notes) where he was stationed until leaving for the Philippines in 1986.

Once there, Doctor Bizon learned about the School for the Deaf, located in Caviete, a remote mountain village with no roads leading in or out. "If they wanted to get supplies in they had to pack them on burro, or carry them up on their backs," Doctor Bizon said. "This population had been shunned by many portions of Philippine society."

A case of need

According to Doctor Bizon, the school had been adopted by the base's search and rescue wing. "They had gone up there to help the community build a runway so they could bring in supplies, and were helping the school out with building projects and donations," Doctor Bizon said. "They were kind enough to ask me to go along and take a look at some of the ear problems that were prevalent among the population up there."

Flying in by helicopter, Doctor Bizon began visiting the village. Some patients, who had fluid in the ears, or long-standing hearing loss due to chronic ear infections, could be easily treated. In other cases, Doctor Bizon repaired cleft lips and performed simple procedures that would not require extensive follow-up.

Many patients, however, required medicines that were unavailable or impossibly expensive. "In the Philippines, you don't need a medical license to buy medicines," he said. "Affording the medicines can be more difficult." So volunteers brought in donated medicine. A large number of patients suffered from sensory neural disorders requiring hearing aids. The group recruited the base audiologist to visit the village and help locate donated hearing aids.

In 1989, Doctor Bizon returned to Michigan with Deborah, his wife of 25 years, and his children John Jr., 19, Michelle, 17, Catherine, 14, and Mary, 11. In October 1996, he was recruited by Stephen Fedele, DO, to volunteer for 10 days in Honduras.

The Honduras mission

"Like in the United States, Honduras has a misappropriation of medical care to the cities," Doctor Bizon said. "The Honduran health system is socialized, so you have two groups of doctors: private pay, and public sector—and the larger cadre of private pay physicians is better reimbursed."

Doctor Bizon said the group led by Doctor Fedele brought medical supplies and medicines, and practiced in a clinic called Mission Honduras. A dentist accompanying the group extracted more teeth than he had in his entire



Doctor Bizon (center, 3rd from left) and a group of volunteers in Honduras.

career, Doctor Bizon said. "I primarily did primary care," he added. "We saw lots of people with parasitic infections, intestinal worms, rashes. We could give them medication, but until they can change the social conditions that cause the problems, I don't know if we did a lot of good."

Doctor Bizon took several side trips to rural communities, visiting local clinics and hospitals. "There were plenty of patients in wards so crowded they were sharing beds," he said. "They had no concept of the kind of equipment we have here in the United States. I've never seen radiology machines as old, even in the Philippines. You could see a bony fracture, but no chest x-ray."

While Doctor Bizon would like to continue his volunteer work, he questions the impact of his efforts.

More education, technology required

"I know there are some people out there who benefited from our being there, I just don't know if we made a significant long-term impact," he said. "I think we need more work on things like clean water and adequate sewage. It's a matter of cooking, hygiene, and sanitation."

Doctor Bizon said he believes U.S. medical schools could make an impact by training doctors from impoverished countries with the understanding that graduates will return to rural communities in their own countries. U.S. physicians could visit medical schools in other countries to share their knowledge with faculty, residents and students, he added.

"In some ways, I'm disappointed I can't do more," he said. "They don't expect more, though. If we would try to impose our standards on that setting it wouldn't be very well received. In many places, it's expected that kids will only go through the 6th, 7th,or 8th grade, and then go to the fields . . . or start families at 13, 14, or 15 years old.

"We need to find out what they want, take the development in small steps, and also educate the people on what causes disease." ■

The author is a Williamston-based freelance writer.

"We could give them medication, but until they can change the social conditions that cause the problems, I don't know if we did a lot of good."

John Bizon, MD

Genesee County Free Medical Clinic

By Kathleen Farrell

For many of us, getting sick is merely an inconvenience. Our doctor treats our ailments with sound advice and medication. We eventually heal, and continue on with our lives. For the thousands of Michigan residents without health insurance, however, this process is not so simple. For them, getting sick can become a matter of life and death.



"What is the use of a doctor if he doesn't help people who are sick?"

Marigowda Nagaraju, MD

Thankfully, a Flint physician has found a way to help his community by founding the Genesee County Free Medical Clinic, which offers medical services to the area's uninsured at no charge. About ten years ago, Marigowda Nagaraju, MD, read a University of Michigan study regarding health care and was shocked to hear that 13,000 Flint residents were not covered by any type of health insurance and, as a result, were not being given the health care they needed.

"What is the use of a doctor if he doesn't help people who are sick?" says Doctor Nagaraju, a Flint gastroenterologist. "If a doctor says he won't see a sick patient, he's not a doctor. Whether they have money or not, his job is to take care of people."

Volunteers provide clinic's roots

It is that philosophy that has convinced hundreds of volunteers to step up and give their time and expertise to Doctor Nagaraju's cause. He began by sending a notice to every doctor in town hoping to encourage them to volunteer their services to a free health care clinic he wanted to open. "Many responded, most of them didn't," he says with a laugh. The bleak response didn't sway him, however. He pressed on and eventually convinced enough physicians to commit their time.

Then another problem came up—the physicians were concerned about medical malpractice, but Doctor Nagaraju solved that as well. "We applied to the Community Foundation of Greater Flint, which agreed to pay the premiums for malpractice insurance."

Serving the needs of the uninsured

Finally, on September 10, 1991, the clinic became a reality. Today, over 200 physicians volunteer a regular rotation there, as well as countless nurses, pharmacists, social workers, lab technicians, and administrative volunteers. Open every Tuesday night from 5:00 p.m. to 9:00 p.m., the clinic is in the process of moving from its original location inside the Burton Health Center to a larger, redesigned building on Welch Street. Two to three physicians work each shift, accompanied by a medical resident and several support staff. Forty-five patients are seen per night. They begin lining up at one o'clock in the afternoon, and many are turned away. But the most serious cases are always given priority. If necessary, patients are referred to a specialist at no charge.

With the move to the new building, the clinic will expand its hours in order to accommodate even more patients. Plans also include on-going educational programs and the addition of social workers to assist patients in finding the necessary community programs they may need.

With only a handful of similar free clinics in the entire country, and only five in the state of Michigan, the Genesee County Free Medical Clinic is truly breaking new ground. And the prevailing attitude by everyone seems to be the same: unrestrained enthusiasm. "Do you have any idea what a joy, an honor, it is to meet some of these patients?" says Executive Director Pam Jury. "You look in their eyes and you see God. That's why we all work here."

Jury, who began working at the clinic in March of 1995, is the only paid, full-time employee. She works closely with two paid part-

time assistants, but the rest of the "staff" is strictly volunteer.

Community support

From the beginning, the clinic has had consistent support from the Community Foundation of Greater Flint and the C.S. Mott Foundation as well as many local businesses and private donors. They also sponsor one additional fundraising event each year, a 5K Walk/Run. Jury says they are looking to establish an endowment to ensure the future of the clinic, which is currently thriving financially. "We need to look at a way to make this self-supporting without constantly going to the same people asking for money over and over."

The statistics are impressive. "This is an underestimation," says Jury, "but in the past year we provided $400,000 worth of medical services at a cost to our budget of $120,000." Such services include not only physician visits, but referrals to specialists, prescriptions, radiology, lab work, and surgical procedures—all at no cost to the patient.

Samuel Dismond, MD, a family practitioner in Flint, has taken a rotation at the clinic since it began. "I go down there after finishing a full day at my practice. I've given all I've got, but I go down there and see that place packed with people—people who need us so much. I'm always up after that."

Jagdish Shah, MD, an internist and clinic board member, also volunteers regularly and helped get the clinic off the ground. "There was a lot of skepticism initially," says Doctor Shah. "It took a long time for Doctor Nagaraju and me to get people on board—especially specialists. But once we started getting good publicity, they realized it's a good cause and should be part of the community. It's rewarding, emotionally, to me."

According to Doctor Nagaraju, the health care problems in this country should be handled by the people, not the government. "I think all the health care providers—doctors, nurses, pharmacists, manufacturers—should all join hands," he says. "There's no need for President Clinton to do anything, if we can do it ourselves."



(left to right) Former U.S. Senator Donald W. Riegle, Jr. with Doctor and Mrs. Dismond at a reception for the Free Clinic.

Jury stresses that the clinic is special in another way. "We treat these patients with dignity and compassion," she says. "Okay, so they don't have insurance. They're still human beings. It's very important that we keep the human aspect alive in here and really treat these patients and let them know they're special. They're not a herd of cattle."

A letter from one patient conveys how important the clinic is to the community: "You can be assured that I will always remember your kindness and generosity, but more importantly, God sees what you do ever so clearly." ■

The author is an East Lansing-based freelance writer.

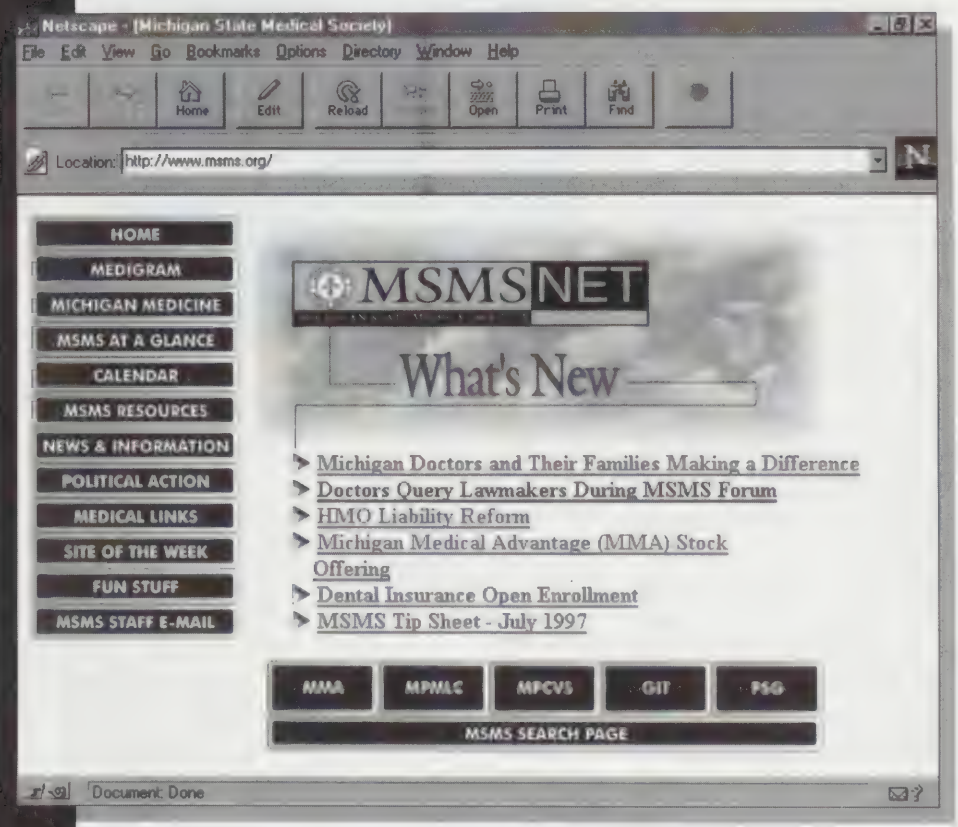
"Do you have any idea what a joy, an honor, it is to meet some of these patients? . . . You look in their eyes and you see God. That's why we all work here."

Pam Jury, executive director Genesee County Free Clinic

If you know a doctor who is making a difference, we'd like to recognize him or her. Please contact Judy Marr at MSMS at (517) 336-5744 or jmarr@msms.org.

Physician's Source

...Internet Access
...Hands - On Internet Training
...Information Vital to Your Medical Practice



Visit MSMSNET at http://www.msms.org to find:

- News and Information from MSMS
- On - Line Educational and Events Calendar
- Michigan's Most Extensive Medical Links Page
- On - Line Versions of MSMS Publications, including Medigram and Michigan Medicine

MSMSNET Internet Service Features:

- Unlimited Internet Access for a Low, Competitive Price
- Local Access for over 90% of Michigan
- Outstanding 800 - Number Technical Support
- @msms.org E-Mail Address

For Information on MSMSNET Internet Access and Internet Training Programs, contact William DeCourcy at 517-336-7575 or send an e-mail to wdecourcy@msms.org



THE
MEDICAL PROTECTIVE COMPANY®

Professional Protection Exclusively since 1899

To reach your local office, call 800-344-1899.

GOLD CORPORATE AFFILIATE
MGMA
FOUNDED 1926
PROGRAM UNDERWRITER

MEDICAL EDUCATION RESOURCES PRESENTS

MICHIGAN CONFERENCES

Dermatology for the Non-Dermatologist

Grand Hotel, Mackinac Island, July 17 - 19, 1998

This conference is presented by the following Dermatologists:

James DelRosso, D.O.
University of Nevada School of Medicine
Las Vegas, NV



Kim Dernovsek, M.D.
University of Colorado Health Science Center
Denver, CO

Richard DeVillez, M.D.
University of Texas Health Science Center
San Antonio, TX

Frontline Treatment of COPD

A Complimentary Program

Hyatt Regency, Dearborn, MI, October 3, 1998

Oriented to primary care physicians and other health professionals involved in diagnosing and treating patients with Comprehensive Obstructive Pulmonary Disease.

Program: 8:00 am - 11.30 am

Nationally renowned pulmonologists present the following topics:

- Early Identification & Intervention in COPD
- Treatment Strategies in COPD
- Risk Reduction in COPD
- Case Presentations

Join the 80,000 Satisfied Physicians and Attend One of Our Fully-Accredited, Clinically-Oriented, Intensive CME Programs Presented Live by Renowned Faculty at First Class Hotels in Exciting Locations.

CORONARY HEART DISEASE UPDATE	ARRHYTHMIAS: INTERPRETATION, DIAGNOSIS AND MANAGEMENT	MANAGING RESPIRATORY DISEASES	NEUROLOGY FOR THE NON-NEUROLOGIST	DERMATOLOGY FOR THE NON-DERMATOLOGIST	CLINICAL ENDOCRINOLOGY FOR PRIMARY CARE PHYSICIANS
Anaheim, CA Jun. 12-14	San Francisco, CA Jun. 26-28	Orlando, FL Jun. 26-28	Jackson Hole, WY Jun. 19-21	Bermuda Jun. 25-27	Grand Cayman, BWI Jun. 4-6
Vancouver, Canada Jul. 23-25	Lake George, NY Jul. 17-19	Lake Louise, Canada Jul. 9-11	Cape Cod, MA Jul. 17-19	Mackinac Island, MI Jul. 17-19	Lake Tahoe, NV Jul. 24-26
Monterey, CA Jul. 31-Aug. 2	Lake Louise, Canada Aug. 6-8	Quebec, Canada Aug. 6-8	Yosemite, CA Jul. 31-Aug. 2	Orlando, FL Aug. 7-9	Williamsburg, VA Jul. 31-Aug. 2
Orlando, FL Oct. 16-18	Las Vegas, NV Oct. 23-25	Santa Barbara, CA Sept. 18-20	Bermuda Sep. 24-26	San Antonio, TX Sep. 25-27	Las Vegas, NV Sep. 25-27
		Cancun, Mexico Oct. 22-24	New York, NY Oct. 9-11	Scottsdale, AZ Oct. 16-18	St. Thomas, USVI Oct. 29-31

SATISFACTION GUARANTEED!

Visit our Web site: http://www.mer.org

For information, call toll free 1-800-421-3756

Medical Education Resources •1500 W. Canal Court, Suite 500, Littleton, CO 80120 • Phone (303) 798-9682 • Fax (303) 798-5731

American Heart Association℠

Fighting Heart Disease and Stroke

He's got a pacemaker. She's got a grandfather.



Your donations help give someone a second chance.

He calls his pacemaker his "grandfather clock." We call it a medical miracle. Today, thanks to research and education, we're touching more hearts and lives than ever before. And making progress against heart disease and stroke, our nation's No. 1 killer.

Please give generously to the American Heart Association. For more information, call 1-800-AHA-USA1.

Reprinted with the permission of the Heart and Stroke Foundation of Canada.

EDUCATIONAL OPPORTUNITIES

Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I credits toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least four hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

June

4-6, Clinical Endocrinology for Primary Care Physicians. Location: Hyatt Regency, Grand Cayman. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

4-7, Head and Neck Surgery—Otolaryngology (hands-on lab dissection). Location: Rush—Presbyterian—St. Luke's Medical Center, Chicago, IL. **Contact:** Victoria O'Sullivan, 600 South Paulina, Suite 520, Chicago, IL 60612-3832, (312) 942-7119. **Approved for:** 32 Category 1 credits.

12-14, Coronary Heart Disease Update. Location: Disneyland Pacific, Anaheim, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

18-20, 48th Annual Keyport-Gaylord Trauma Symposium. Location: Sylvan Treetops Resort, Gaylord, MI. **Contact:** Cheryl Wirsing, Michigan Committee on Trauma, (616) 977-3990. **Approved for:** TBA

19-21, Neurology for the Non-Neurologist. Location: Racquet Club, Jackson Hole, WY. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

25-27, Dermatology for the Non-Dermatologist. Location: Southampton Princess, Bermuda. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

25-28, 1998 CMRS Annual Society Meeting Clinical Magnetic Resonance Society. Location: Disney's Yacht & Beach Club Resorts, Lake Buena Vista, FL. **Contact:** (800) 823-2677 or (513) 221-0070 **Approved for:** 25 Category 1 credits.

26-28, Arrhythmias: Interpretation, Diagnosis & Management. Location: Parc Fifty-Five, San Francisco, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

26-28, Managing Respiratory Diseases. Location: Disney's Beach Club. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

23-July 5, University at Sea. Location: Cruising the Norwegian Fjords to North Cape aboard the Rotterdam VI. **Contact:** Amy Storms at Continuing Education, Inc. at (800) 926-3775. **Approved for:** 20 Category 1 credits.

July

9-11, Managing Respiratory Diseases. Location: Chateau Lake Louise, Lake Louise, Canada. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

10-12, 23rd Mackinac Island Course: Advances in the Management of Infectious Diseases. Location: Grand Hotel, Mackinac Island, MI. **Contact:** Joyce Robertson, Towsley Center of Continuing Medical Education, Department of Postgraduate Medicine and Health Professions Education, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (313) 736-1400. **Approved for:** TBA

17-19, Dermatology for the Non-Dermatologist. Location: Grand Hotel, Mackinac Island, MI. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources,

continued on page 48

For Special Patients... Customized Care

DIPLOMAT PHARMACY

OFFERS

"CUSTOMIZED MEDICATIONS"

We work with physicians in many fields including:

UROLOGY
- penile injectables and tri-mix
- interstitial cystitis treatments
- urethral inserts

ONCOLOGY
- pain management
- hard to find chemo agents
- customized strengths

FERTILITY
- progesterone products (all forms)
- complete fertility supplies for all regiments

HORMONE REPLACEMENT THERAPY
- progesterone, tri estrogen, testosterone and combination products
- oral, sublingual, transdermal

CHRONIC FATIGUE
- co enzyme Q 10
- DHEA - oral and transdermal
- customized vitamin injections

NEUROLOGY AND HEADPAIN
- ergotamine compounds
- customized formulas and combinations
- nasal sprays, sublingual, suppositories (including discontinued and unavailable products)

ALLERGISTS
- specialty compounding for patients allergic to dyes and fillers
- nasal irrigations

DERMATOLOGY
- all formulas and combinations

COMPOUNDING SPECIALIST

DIPLOMAT PHARMACY

CUSTOMIZED MEDICATIONS

G-3426 Flushing Rd. • Flint, MI 48504 • 810-732-8720

TOLL FREE
800-722-8720

FAX 810-732-2580

MAILING SERVICE AVAILABLE FOR PATIENTS THROUGHOUT MICHIGAN

continued from page 46

1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

17-19, Neurology for the Non-Neurologist. Location: Tara Hyannis, Cape Cod, MA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

17-19, Arrythmias: Interpretation, Diagnosis & Management. Location: Sagamore Resort, Lake George, NY. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

23-25, Coronary Heart Disease Update. Location: Hyatt Regency, Vancouver, Canada. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

24, 25, Annual Coller Penberthy Thirlby Medical Conference. Location: Park Place Hotel, Traverse City, MI. **Contact:** Paula Parshall, Continuing Medical Education, Munson Medical Center, 1105 Sixth Street, Traverse City, MI, 49684-2386, (616) 935-6546. **Approved for:** 9-12 Category 1 credits.

24-26, Coronary Heart Disease Update. Location: Hyatt Regency, Lake Tahoe, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

29-31, 4th Annual May Multidisciplinary Symposium on Platelets, Blood Vessel and Extracorporeal Medicine. Location: Mayo Foundation, Rochester, Minnesota. **Contact:** Registrars, Mayo Foundation, Mayo School of Continuing Medical Education, 200 First Street SW, Rochester, MN 55905; fax (507) 284-0532.

31-August 2, Endoscopic Sinus Surgery. Location: Towsley Center, Ann Arbor, MI. **Contact:** Joyce Robertson, Towsley Center of Continuing Medical Education, Department of Postgraduate Medicine and Health Professions Education, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (313) 736-1400. **Approved for:** TBA

31-August 2, Coronary Heart Disease Update. Location: Monterey Plaza, Monterey, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

31-August 2, Neurology for the Non-Neurologist. Location: Tenaya Lodge, Yosemite, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

31-August 2, Coronary Heart Disease Update. Location: Ft. Magruder Inn, Williamsburg, VA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

August

6-8, Arrythmias: Interpretation, Diagnosis & Management. Location: Lake Louise Canada, Chateau Lake Louise. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

6-8, Dermatology for the Non-Dermatologist. Location: Loews Le Concorde, Quebec, Canada. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources,

continued on page 50

IMPROVE YOUR LIFESTYLE!!

NO CALL! NO WEEKENDS! HOLIDAYS OFF!

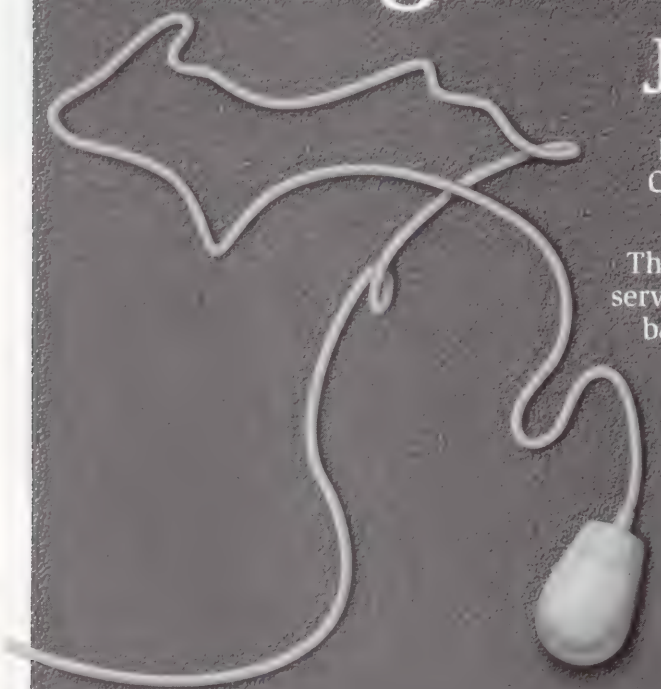
Concentra Health Services, the nation's leading provider of occupational healthcare, provides the most innovative process management system available for treatment of work-related injuries and illnesses.

We are currently seeking BC primary care specialty physicians with occupational medicine experience for several of our outpatient, free-standing clinics in the greater metro Detroit area. Staff and clinic director positions available.

Please call (800) 232-3550 and ask for Brian Rudiger or Lori Wentroble, or fax CV to: (888) 509-5468. EOE

Michigan Opportunities

Just A Click or Call Away!



Hundreds of Michigan practice opportunities. Confidential because you conduct the inquiry, there are no recruiters, costs, or pressure.

The Medical Opportunities In Michigan (MOM) service, a free, non-profit, centralized career database can now be accessed over the Internet or call MOM through our toll-free service line.

www.mimom.org

or call

1-800-479-1MOM

MOM Medical Opportunities In Michigan

MOM is a service of the non-profit Michigan Health Council, representing Michigan hospital and health care employers.

continued from page 48

1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

7-9, Managing Respiratory Diseases. Location: Disney's Yacht Club, Orlando, FL. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

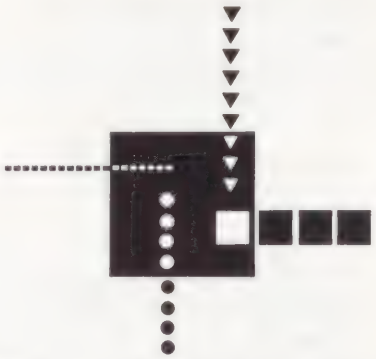
9-11, Success with Failure: New Strategies for the Evaluation and Treatment of Congestive Heart Failure. Location: Chateau Whistler, Whistler, British Columbia, Canada. **Contact:** Registrars, Mayo Foundation, Mayo School of Continuing Medical Education, 200 First Street SW, Rochester, MN 55905; fax (507) 284-0532. **Approved for:** 15 Category 1 credits. ■

Is there something we can help you with?

Contact us via our member-services hotline 800-914-6767



Your Success is Our Goal



American Medical Association Organized Medical Staff Section (AMA-OMSS)* Assembly Meeting

June 11-15, 1998
Sheraton Chicago Hotel and Towers
Chicago, Illinois

To succeed in today's health care environment, your medical staff needs the latest information and appropriate skills for meeting the day-to-day challenges of medical practice. By attending this meeting, you can learn about:

- **Managing physician organizations**
- **Negotiating and resolving conflicts**
- **Helping and handling the disruptive physician**
- **Emerging information technology**
- **Capitation**
- **Stark II recommendations**
- **Antitrust**
- **Organized medical staff challenges in the future**
- **Effectively communicating in business practice**
- **PSOs and Medicare risk contracting**
- **Unionizing**
- **E/M Documentation Guidelines**

In addition to these educational offerings, as an AMA-OMSS representative of your medical staff, you can participate in advocacy, policy-making and networking activities. **Our goal is to work with you to identify and address medicine's most pressing issues. We also want to help you increase your knowledge and skill so that together we can best serve the needs of patients, physicians, and the profession.**

To achieve this goal you can:

- Submit resolutions and participate in mode-of-practice and general interest forums to bring your concerns to the forefront.
- Testify at reference committee hearings and vote on actions in a democratic assembly to further AMA's advocacy agenda.
- Attend practical education programs to improve your medical practice, earn **8.5** hours of CME credit** and pay no fee to register!

Your success depends on your involvement! Plan today to attend the 1998 Annual AMA-OMSS Assembly Meeting on June 11-15, at the Sheraton Chicago Hotel and Towers. To receive more information and registration materials, please call **800 621-8335 and ask for the Department of Organized Medical Staff Services.**

* The American Medical Association Organized Medical Staff Section (AMA-OMSS) leads and assists grassroots physicians, individually and in groups, to organize and reclaim their role as medical leaders and advocates for excellence in patient care, professionalism, and the integrity of the patient-physician relationship. We provide practical educational forums, focused policy development, and grassroots support through the Federation.

** The AMA designates this education activity for a maximum of 8.5 hours in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

American Medical Association
Physicians dedicated to the health of America

Would you like to place and ad? The rate of classified advertising in *Michigan Medicine* is $1.00 per word , with a minimum charge of $50.00. Copy for classified advertisements should be received no later than the first of the month preceding the month of publication. To place an ad, contact Kristen Lare (517) 336-5747 or fax (517) 336-5797.

SERVICES AVAILABLE

ABEM certified physician seeks part time, interim, or locum tenens work in smaller emergency department, urgent care, or similar facility. Willing to cover your family practice while you're away. Capable, experiences, personable, ethical. Active licenses: Michigan, New York, California, Arizona, North Carolina, Minnesota, Connecticut, and Ohio. Respond to: Emergency physician, 2750 Main St., Marlette, MI 48453; (517) 635-5733.

QUANTUM LEAP Audio Visual, LTD: High-end and ultimate audio and/or video home entertainment systems from $1,000 to $200,000. Shown exclusively by private appointment, in my home or yours. Owned and operated by David A. Schultz, MD, an MSMS member since 1985. Coming soon: equipment on display occasional weekends in fine hotel suites in your city. (517) 337-8362.

PRACTICES FOR SALE

Family Practice—Suburban Wayne County. Thirty-year plus practice. Medical equipment and medical building; physician is retiring.

Physical Therapy—Downriver/South Michigan/Mid-Michigan (three locations).

General Practice—Clarkston. Long-established practice in high growth corridor of Northern Oakland County.

Neurology Practice—Mid-Michigan.

General Practice—Detroit. Well-established practice. Retiring physician will stay during transition.

Harper Associates

Physician and Healthcare Placement Specialists

We are currently working with a number of organizations in search of BC/BE physicians in various settings and locations throughout Michigan, Ohio, and nationwide.

OPPORTUNITIES AVAILABLE

PEDIATRICIAN - Northern Michigan
FAMILY PRACTITIONERS - Western Michigan
HEMATOLOGIST-ONCOLOGIST- Western - Mid Michigan
NEURO-SURGEONS - Mid Michigan
PULMONOLOGIST- Western Michigan
CARDIOLOGIST - Mid Michigan

Many ongoing searches in other specialties.
For details please contact: Cheryl Nowak, R.N.

(248) 932-3663 Fax: (248) 932-1214
Harper Associates
29870 Middlebelt, Farmington Hills, MI 48334

Visit our web site
www.harper-jobs.com

We have prospective purchasers for medical and dental practices in Michigan. If you are considering selling a practice, give us a call, we may already have a buyer.

Medical Suites & Buildings for Sale/Lease

McNabnay & Associates, Inc. can assist you. We maintain a database of available medical and dental properties in Wayne, Oakland and Macomb Counties. Give us a call and we will develop a list of properties that meet your requirements. We keep all inquiries confidential! Also, call for a free copy of our listing catalog. **McNabnay & Associates, Inc. (248) 258-5900 Medical Building Specialists.**

POSITION OPEN

Physician needed for permanent part-time work to do histories and physicals for new medical center in Kalamazoo and existing centers in Lansing and Saginaw. Please contact Stephen Mirfield, MD, at (800) 898-0193, or fax curriculum vitae to his attention at (813) 898-7471.

Physician to work part time in bariatric clinics—Grand Rapids, Battle Creek, Jackson, and Lansing. Hours flexible. Malpractice insurance required. Excellent compensation. Position begins immediately. Contact Margaret at (248) 353-8446.

LEGAL SERVICES

ERNEST P. CHIODO, M.D., J.D., M.P.H.
Physician - Attorney
* Legal Representation of Physicians
* Peer Review
* Licensure and Discipline
* National Practioners Data Bank
(810)791-6737



"Some people pay their bills promptly, and some don't! I figured that out a long time before we installed this machine."

Michigan State Medical Society Presents Two Exciting Tours From Detroit



THE FRENCH ALPS AND ITALIAN LAKES

September 4-12, 1998

$1,099 **Per person, double occupancy. (Plus government taxes.)**

Chamonix - The dazzling snow cap and glaciers of Mont Blanc, Europe's highest mountain, are a magnificent backdrop to the colorful resort of Chamonix. Anyone who loves the Alps will be overawed by the dramatic vistas.

Optional Tours: Geneva City, Zermatt and the Matterhorn, Montreux, Castle Chillon and Gruyeres, Mountain Buffet, and much more!

Lake Maggiore - Deep and mysterious, beautiful and romantic, the Italian Lakes are a haven of peace and tranquility. Maggiore is probably the most beautiful of the lakes, its shores dotted with elegant resorts.

Optional Tours: Venice, Grand Three Lakes Tour, Italian Festa, Borommeo Island Cruise and Dinner, and much more!



IRELAND

October 3-11, 1998

$1,119

Per person, double occupancy. (Plus government taxes.)

A hundred thousand welcomes await you. Explore the legendary greens of Ireland and learn why it is called **"The Emerald Isle."** Witness for yourself the spectacular coastal and mountain terrain, castles and shamrocks - maybe even see a leprechaun! We invite you to experience the charm and friendliness of the Irish.

Optional Tours: Ring of Kerry, Galway Bay and Connemara, Blarney Castle, Dublin City, Medieval Banquet and much more!

INCLUDED FEATURES

- Round trip transatlantic air transportation via American Trans Air.
- Seven nights First Class hotels.
- Continental breakfast daily.
- Transfers between airports and hotels.
- Complete luggage handling and all related tipping at airports and hotels.
- All airline and hotel taxes.
- Experienced escort guides.
- And more!

Available to Members, Their Families and Friends.

For additional information and a color brochure contact:

Michigan State Medical Society
Attn: Donna Brown
120 West Saginaw Street
East Lansing, MI 44826-0950
(517) 336-5735

or

GLOBAL HOLIDAYS
9725 Garfield Avenue South
Minneapolis, MN 55420-4240
(612) 948-8322
Toll Free: **1-800-842-9023**

"Thank You."



A relaxed, low-key Victorian atmosphere.

"Terrific."



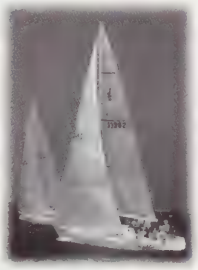
450 holes of Michigan's best golf.

"Great Job."



More than 100 resort shops and boutiques.

"Super Choice."



The beauty of Lake Michigan.

MEET IN PETOSKEY-HARBOR SPRINGS AND YOU'LL HEAR ABOUT IT.

Northern Michigan's premier resort area is also its finest meeting site: a combined 115,000 sq. ft. of meeting space adapts to large or small groups; 1,600 affordable rooms in full-service resorts, historic inns, and charming hotels; easy access via major highways; experienced meeting coordinators to help with all the details. FOR A FREE GUIDE to facilities, accommodations and activities, please call:

BOYNE COUNTRY

1-800-845-2828

Petoskey~Harbor Springs~Boyne Country Visitors Bureau
401 E. Mitchell St., Petoskey, Michigan 49770 • www.boynecountry.com

MPMC

MICHIGAN PAIN MANAGEMENT CONSULTANTS, P.C.

SPECIALIZING IN SPINAL CORD STIMULATION, IMPLANTABLE INFUSION SYSTEMS, AND FIBEROPTIC MYELOSCOPY

Consultants in Acute, Chronic and Cancer Pain Management, Spinal Cord Stimulation, Implantable Infusion Systems, and Fiberoptic Myeloscopy.

Patients may be scheduled for the evaluation and treatment of chronic benign and cancer pain management Monday through Friday, 8:00 a.m. to 4:00 p.m. at:

Providence Hospital Pain Control Center
22301 Foster Winter Drive
Second Floor
Southfield, Michigan 48075
Office (810) 424-3186 • Fax (810) 424-3460

Dennis W. Dobritt, D.O., D.A.B.P.M.
Chief, Pain Medicine
Director, Pain Control Center
Providence Hospital and Medical Centers

Jeffrey J. Kimpson, M.D., D.A.A.P.M.
Assistant Director, Providence Pain Control Center
Medical Director, Acute and Cancer Pain Management

Riad G. Khoury, M.D.
Added Qualifications in Pain Management, American Board of Anesthesiology
Diplomate, American Academy of Pain Management

John H. Traylor, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Jeffrey J. Kirouac, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Dominick Lago, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Affiliated with Northland Anesthesia Associates, P.C.

For expert interpretation of your patient's skin and nail biopsies.

"Dermatopathology is the science or study dealing with the cytologic and histologic structure of abnormal or diseases of skin tissue."

For over 50 years **Pinkus Dermatopathology Laboratory** has provided timely, reliable diagnostic dermatopathology services. Whether your requirements are diagnosis, consultation, evaluations of margins, or expert diagnostic analysis, our four full-time board certified dermato-pathologists deliver only the most accurate results.

- **24 Hour Service**
- **Fax or Mail Reports**
- **U.S. Mail or UPS pickup**
- **Claim handling for any insurance company**

For supplies or information, call **1-800-746-5870** today, or visit our website at **www.pinkuslab.com**

Pinkus
Dermatopathology Laboratory, PC

1314 N. Macomb St. • P.O. Box 360 • Monroe, MI 48161-0360

Let your search for a reliable, high quality Locum Tenens Company...

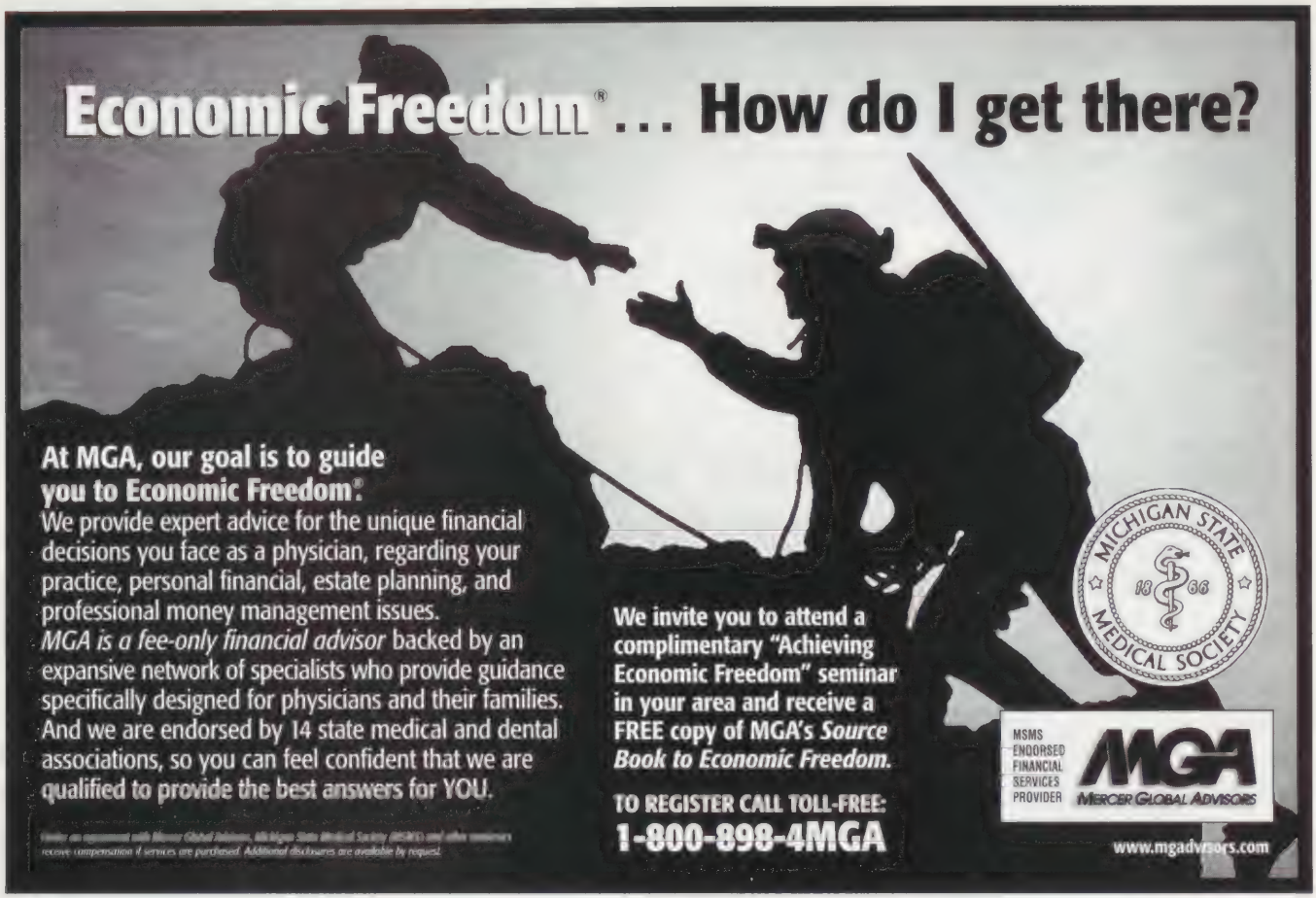


Lead you to

DAVIS SMITH
SINCE 1946

Davis-Smith has been a leader in healthcare staffing in the Midwest since 1946. Put our 51 years of experience to work for you. We offer high quality physician coverage at an affordable price. We are a family owned and operated company dedicated to exceeding your expectations. We cover all specialties and provide the best occurrence malpractice insurance.

(800) 541-4672 or (810) 354-4100



Michigan Clinic for TMJ/Facial Pain

Management of Temporomandibular Disorders Chronic Facial Pain, and Snoring Relief

- Conservative, Non-Surgical Management for the Jaw Joint Diseases (TMJ).
- Management for Headaches Related to TMJ.
- Management for Chronic Orofacial Pain.
- Management for Snoring With The Use of Oral Appliance(s).

At The Michigan Clinic for TMJ And Facial Pain We Utilize:

- The Most Advanced Computerized Tomography Imaging.
- Computerized Study to Detect Jaw Joint Sounds.
- We Participate With Various Insurance Plans.

Ghabi A. Kaspo, DDS

Diplomate, American Academy Of Orafacial Pain
American Pain Society
American Association For the Study of Headache
Michigan Sleep Disorders Association

Michigan Clinic for TMJ/Facial Pain

2959 Crooks Road, Suite 7
Troy, MI 48084
Office (248) 649-6610 Fax (248) 649-1605

COLONIAL VALLEY SOFTWARE, INC.

MEDICAL SYSTEMS

presents

Lectronic Pegboard

The first choice in computer systems for the medical practice.
First in Service & Support



"If you don't have service, you don't have a system."

Transmitting to more payers, cost free, than any other Computer System in Michigan!

Complete Turnkey Systems include:

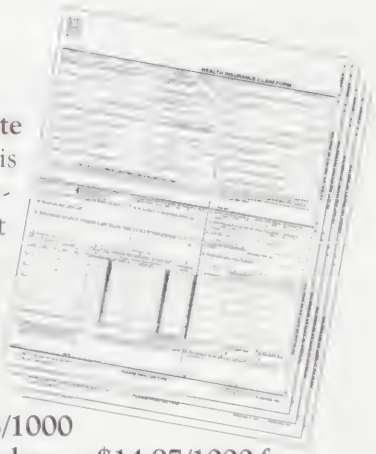
- All Equipment
- All Software
- Onsite Training
- One Year Warranty & Maintenance
- Price starts below $10,000

Let Colonial Valley Software, Inc. provide you with high-tech solutions and give you old-fashioned service.

1-800-359-1002 or (810) 733-6070

3398 S. Dye Road, Flint, MI 48507

HCFA 1500 Forms Available



The **Michigan State Medical Society** is pleased to announce a product offered through its subsidiary Abbott Press, the **HCFA 1500 Forms.** These forms are available at **$39.88/1000 for two-part carbonless,** or **$14.97/1000 for one-part forms,** plus tax and shipping.

To order, please call Heidi Van Ostran at 800-487-6544 or fax to 517-336-5797.

"Patients comment on our on-hold messages all the time. They enjoy receiving information rather than just listening to music."

– Office of Jeffrey T. Vangelderen, MD, FAAP
Bay City

- Script Writing
- Voice Talents
- Maintenance Free Service
- 100% Guarantee
- MSMS Member Discount

Demo Line:

(800) 892-HOLD

Speak to our Representative at

(517) 349-5177

PREMIER COMPANIES HOLD PLUS

Telephone on-hold message and music systems

Confirming the Past, Creating the Future

To keep ahead of the competition you need to plan your future with sound advice from skilled specialists. At Plante & Moran we offer just that—proactive personal and business advisory and consulting services in addition to traditional accounting and auditing services. With us, your interests come first—because when you succeed, we succeed. For more information, please call us: (517) 332-6200.

- Financial Statement Service
- Tax Return Preparation
- Tax Consulting
- Strategic Planning
- Personal Financial Planning
- Family Business & Succession Planning
- Benefit Plan Administration
- Litigation Support & Practice Valuation Services
- Prepairing for Managed Care
- Productivity & Quality Improvement

PLANTE & MORAN, LLP

Certified Public Accountants • Management Consultants
1111 Michigan Avenue, East Lansing, Michigan 48823
(517) 332-6200 • Fax (517) 332-8502

Physicians Leasing Company, Inc.

Lease or purchase program

(Another Excellent MSMS Member Benefit Program)

Fleet Pricing - Leasing/buying through PLC assures you of receiving all available rebates and incentives - retail, dealer and fleet.

Delivery - No longer do you have to take time out to take delivery of your new vehicle. PLC brings it right to you, either at the office or at home.

Shopping - With our fleet connections we do the shopping for you. PLC experts will find the lowest available price for that special car you want.

Financing - PLC can take care of it all, purchase, lease, First Time Buyer, and Intern Financing, at the lowest rates available.

Trade-Ins - Yes, PLC will even take in your old car. We will do it all by phone to save you the headaches.

Used cars - Looking for a second car? A car for the kids? Give PLC a call; we always offer a fresh supply of good clean trade-ins.

Contact our staff today!

The important first step on the way to your next car!



(800)759-8880

An Endorsement You Can Trust.

MICHIGAN STATE MEDICAL SOCIETY


LTC
means
TLC
Long Term Care
coming soon as a new
member benefit
S&W
Stratton, Cheeseman & Walsh, Inc.
The Physician's Insurance Agency
517-351-5780 or 1-800-968-4929
Stratton, Cheeseman & Walsh is
the endorsed insurance agency of
the Michigan State Medical Society

ONCOLOGIST, URGENT CARE, ENT, OB/GYN, DERMATOLOGIST

There are immediate openings at Brainerd Medical Center for the following specialties: Oncology, Urgent Care, Ear, Nose and Throat, and Dermatology.

Brainerd Medical Center, P.A.

- 36 Physician independent multi-specialty group
- Located in a primary service area of 40,000 people
- Almost 100% fee-for-service
- Excellent fringe benefits
- Competitive compensation
- Exceptional services available at 162 bed local hospital, St. Joseph's Medical Center

Brainerd, Minnesota

- Surrounded by the premier lakes of Minnesota
- Located in central Minnesota less than 2.5 hours from the Twin Cities, Duluth and Fargo
- Large, very progressive school district
- Great community for families

BMC

Call collect to Administrator:
Curt Nielsen
(218) 828-7105
or (218) 829-4901
2024 South 6th Street
Brainerd, MN 56401

Brainerd Medical Center, P.A.

QUANTUM LEAP℠
AUDIO VIDEO, LTD.

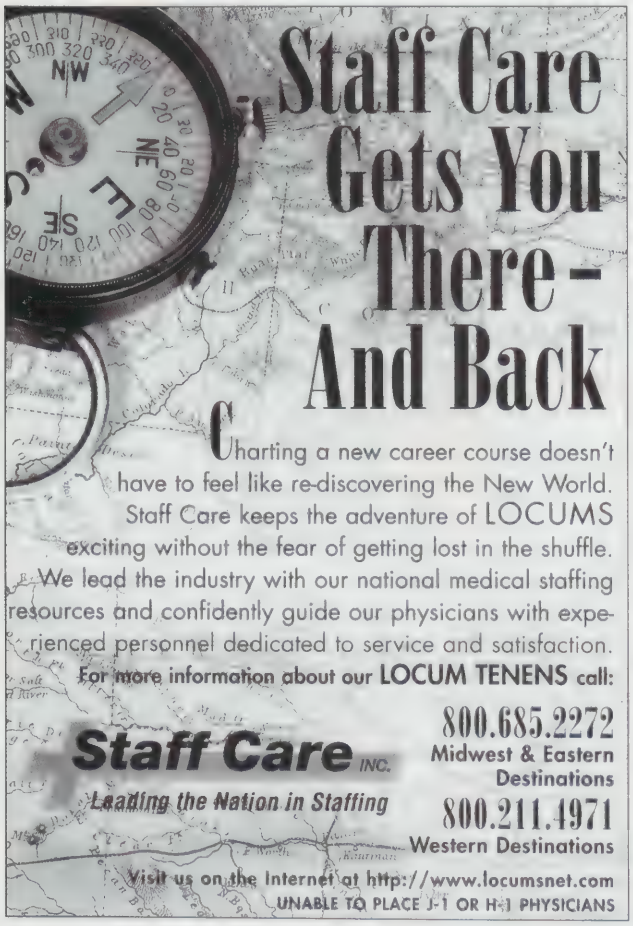
"Ultimate and High-End Home Entertainment Systems"

Michigan's 1st and only Audio Video source owned and operated by a Medical Doctor.

(MSMS Member since 1985)

(517) 337-8362
Fax (517) 351-3508

Exclusively by Appointment.



Staff Care Gets You There – And Back

Charting a new career course doesn't have to feel like re-discovering the New World. Staff Care keeps the adventure of LOCUMS exciting without the fear of getting lost in the shuffle. We lead the industry with our national medical staffing resources and confidently guide our physicians with experienced personnel dedicated to service and satisfaction.

For more information about our LOCUM TENENS call:

Staff Care INC.
Leading the Nation in Staffing

800.685.2272
Midwest & Eastern Destinations

800.211.4971
Western Destinations

Visit us on the Internet at http://www.locumsnet.com
UNABLE TO PLACE J-1 OR H-1 PHYSICIANS

MICHIGAN
Urologist - BE/BC

Potential of sharing call and overhead with successful existing practitioner in resort community. Enjoy lake and riverfront living in beautiful Northern Michigan, 40 minutes from Traverse City. Ideal area for exciting four-season outdoor activities.

For further information call: Deb Glicker
Mercy Health Services North
(800) 395-4128

or Fax CV to (517) 348-4839.

Mail CV to: Dr. Stephen Reznicek, 828 Oak Street, Cadillac, MI 49601

BINSON'S
Home Health Care Centers™
MEDICAL SUPPLIES & SERVICES SINCE 1953

Binson's, a trusted name in home care for over forty years.

- Medical Equipment Supplies & Services
- Mastectomy
- Diagnostic & Surgical Supplies
- Ambulatory Aids
- Bathroom Safety
- Orthotics & Prosthetics
- Clinical Services
- Ostomy Supplies
- Wheelchairs
- Patient Room Equipment

WHEN YOUR CHOICE IS HOME

Joint Commission on Accreditation of Healthcare Organizations

1-800-922-6528

Primary Care Physicians
Practice Opportunities
City of Detroit

Recent practice acquisition has created opportunities for board certified/board eligible physicians in family practice, internal medicine and pediatrics. Competitive salary and fringe benefit package available. Academic appointments available.

Please send CV to
Practice Opportunities
17570 Meadowood Ave.
Lathrup Village, Michigan
48076

PRACTICE IN THE LAND OF LAKES

- Family Practice
- Orthopaedics
- NP's or PA's for Rural Health Clinics

Fully accredited 60-bed hospital Rehabilitation unit
Clinically broad practices with regional referral availability

Private practice or hospital-based practice

Call coverage

Excellent benefits.

For more information call:
Diane Thompson
(616) 324-4068
Three Rivers Area Hospital
1111 West Broadway
Three Rivers, MI 49093

Equal Opportunity Employer

Three Rivers Area Hospital

WARREN MICHIGAN

PRIME OFFICE SPACE
available 1,000 Sq. Ft. and up to 2,000 Sq. Ft. in contemporary one floor building located at 12 mile and Hoover in very stable Warren, Michigan. The location is kitty corner to the Macomb Hospital Center with 400 beds and directly across the street from a shopping center, Big Boy restaurant and Rite Aid pharmacy. Large room 20 x 30 in suite. No speeding traffic. Traffic Light is 100 ft from corner. Most cars stop for light in front of clinic. GREAT EXPOSURE! Call for an appointment, ask for Dr. Weiner. (1-810-573-0011) between 12 noon and 8p.m.

GOLF

... with NO GREEN FEES

The Golf Privilege Club entitles the holder to free green fees at over 160 courses in Michigan

Call the American Lung Association of Michigan at 800-LUNG-USA

Today's beef. The new way to eat lean.

The good news:

There are seven cuts of beef that fall between the skinless chicken breast and thigh in terms of total fat.



All cuts are based on 3-ounce cooked servings. Beef cuts are1/4 inch trim, lean only. Source: USDA

How to choose it

Today's beef is leaner than it used to be. In fact, the average thickness of fat around the edge of steaks and roasts has been reduced from 1/2 inch to less than 1/8 inch, with more than 40 percent of cuts having no external fat at all.

When choosing a lean cut of beef, remember to look for "loin" or "round" in the name (e.g. sir*loin*). These are the leanest.

Help show your patients the new way to eat lean with beef and tell them exactly how to do it with your complimentary "The New Way to Eat Lean" tearpad display. To order, contact the Michigan Beef Industry Commission.

Michigan Beef Industry Commission
2145 University Park Drive, Suite 300, Okemos, Michigan 48864
(517)347-0911 Fax: (517)347-0919 http:\www.MIBeef.org

New MEDICAL PROGRAM

WINDOWS® 95/NT AND 32-BIT POWER FOR ALL OFFICE FUNCTIONS:

- Billing
- Scheduling
- Charting
- Orders
- Prescriptions
- Managed Care
- Referral Tracking
- Year 2000 Ready
- Keyboard Optional

(Providers use Pen Tablet computer on wireless Windows™ 95/NT network; touch screens for staff)



Bennethum Corporation is proud to introduce a new cutting-edge medical computer system.

BennPro/32™

NOT EVOLUTIONARY — REVOLUTIONARY

Arrange a personal demonstration of BennPro/32™ today.

Bennethum Corporation
West Bloomfield, Michigan
1-800-982-2623
sales@bennethum.com

BENNETHUM CORPORATION

1998 TOPICS

Ethical Issues
in Managed Care

Spiritual Basis
of Medical Ethics

Ethical Issues
in Genetic Technology

Sponsored by BCBSM FOUNDATION

MICHIGAN STATE MEDICAL SOCIETY
MACKINAC ISLAND CONFERENCE ON

BIOETHICS

A Deliberation on Ethics in Medicine

Friday-Sunday, October 2-4, 1998
Grand Hotel, Mackinac Island, Michigan

Reserve now.

Contact David Fox at 517-336-5726
or at dkfox@msms.org.

ADVERTISER'S INDEX

AAA of Michigan 15
American Medical Association 51
Bennethum 62
Binson's Home Health Care 61
Brainerd 60
Colonial Valley 57
Concentra Health Services 49
Cunningham Group 23
Davis Smith 55
Diplomat Pharmacy 47
DMC Health Care Center 61
Doctor Chiodo ..... Classified
Global Holiday 54
Greater Detroit Health Council 19
Harper Associates 52
HCFA 57
Jirous Management Group 50
Medical Education Resources, Inc 44
Medical Protective 43
Mercer Global Advisor 56
Mercy Health Services North 60
Michigan Beef Council 62
Michigan Clinic for TMJ/Facial Pain 56
Michigan Health Council(MOM) 49
Michigan Pain Management 55
Michigan Physicians Mutual Liability CO ..... BC
MSMS Group Insurance Trust ..... IBC
MSMS Physician Services Group 35
J.J. Merck Pharmaceuticals (Pepcid AC) 17
Petoskey-Harbor Springs-Boyne Country Visitors Bureau 54
Physicians Leasing 58
Picom ..... IFC
Pinkus Dermatopathology Laboratory, PC 55
Plante & Moran, LLP 58
Premier Telephone on-hold 57
Quantum Leap Audio Visual 60
Staff Care 60
Star Insurance 13
Stratton Cheeseman & Walsh 59
Three Rivers Hospital 61
Two Men and A Truck 19
United Parcel Service 1
Warren Dental Associates, PC 61



My grandmother's quilts

By Cathy O. Blight, MD

MSMS President

One of the fondest memories I have of my grandmother was of the beautiful wardrobes she sewed for the dolls I received as Christmas and birthday gifts. Baby dolls came with complete layettes, while the more "adult" dolls arrived with velvet ball gowns festooned with lace, and the requisite wedding dress adorned with beads. But it wasn't until after my mother's death that I came to fully appreciate my grandmother's sewing skills. For it was then that I "inherited" my grandmother's quilts. Meticulously, she had sewn together small scraps of fabric with tiny, even stitches, forming a panoply of color, then appliquéd them onto a sturdy backing in intricate patterns of even more tiny stitches. But as decorative and beautiful as they were, the basic purpose was for warmth, as their ragged edges attest.

Looking at those quilts, I was struck by how similar our medical society is to them. Each of us is our own "scrap of fabric," the colors and patterns of which have been fashioned by our past experiences, our specialties, our mode of practice. Each piece is a little different than the next, adding texture and color to the whole. By joining together, a design is formed, the overall effect, much greater than each individual. Each is important because without any of the pieces, the whole would not exist—without each of us as members, the medical society would not exist. By bringing the richness of our individual pieces together, we fashion complex, intricate patterns.

The tread of the tiny stitches that hold us together is our underlying commitment to our profession and our patients. We entered the medical profession because of a sincere concern about people and a desire to help. Despite differences in specialties or practice mode or past experiences, it is our common shared experiences and concerns that bind us together in patterns and activities that aid our patients and our profession. Although not always clearly visible, when we take the time to examine our "quilt" we find those stitches there in beautiful regularity.

All of our pieces and patterns—lovely as they are—might fall or tear apart, if it were not for the "backing" provided by MSMS. By giving us substance and structure to work upon, we are able to be more effective in all of our endeavors. One has only to look at recent legislative victories to realize how important a central coordinating body is to success. No one of us can muster the knowledge base, energy, and time to mobilize and educate doctors, legislators, and the public about a single issue, much less the myriad of issues facing us today. And, this is repeated in many other venues, such as scientific education, public health, and ethics.

All of our pieces and patterns—lovely as they are—might fall or tear apart, if it were not for the "backing" provided by MSMS. By giving us substance and structure to work upon, we are able to be more effective in all of our endeavors.

Despite differences in specialties or practice mode or past experiences, it is our common shared experiences and concerns that bind us together in patterns and activities that aid our patients and our profession.

The individual pieces of fabric we each bring, held together by our professionalism and concern for our patients and the backing and substance of MSMS have fashioned the impressive quilt. As the cold winds of change blow around us, this "quilt" gives us the warmth of fellowship with those who share our concerns and values and a security of common purpose for the welfare of our patients. Warmth and security, underneath a beautiful pattern—just like my grandmother's quilts. ■

Doctor Blight will be installed May 2 as 1998-99 MSMS president.



"Before subscribing to the MSMS health insurance plan, we had no one to talk to regarding our insurance problems. MSMS handles things immediately. They keep us updated on our coverage and what is available and affordable. The worry is taken out of our hands."

— Jerrold M. Weiss, MD
and Ethel Anthony
Ingham Radiology

CALL 1-800-748-0195

Michigan State Medical Society
GROUP INSURANCE TRUST

The MSMS Group Insurance Trust offers a wide variety of insurance products and services to help physicians take care of themselves, their families and their employees.

Products include Traditional Health Insurance ✦ PPO ✦ HMO ✦ Dental Insurance ✦ Programs designed for all types of practices

Contact me with information on ☐ Health Insurance ☐ Dental Insurance

Name _____

Address _____

City _____ State _____ ZIP _____

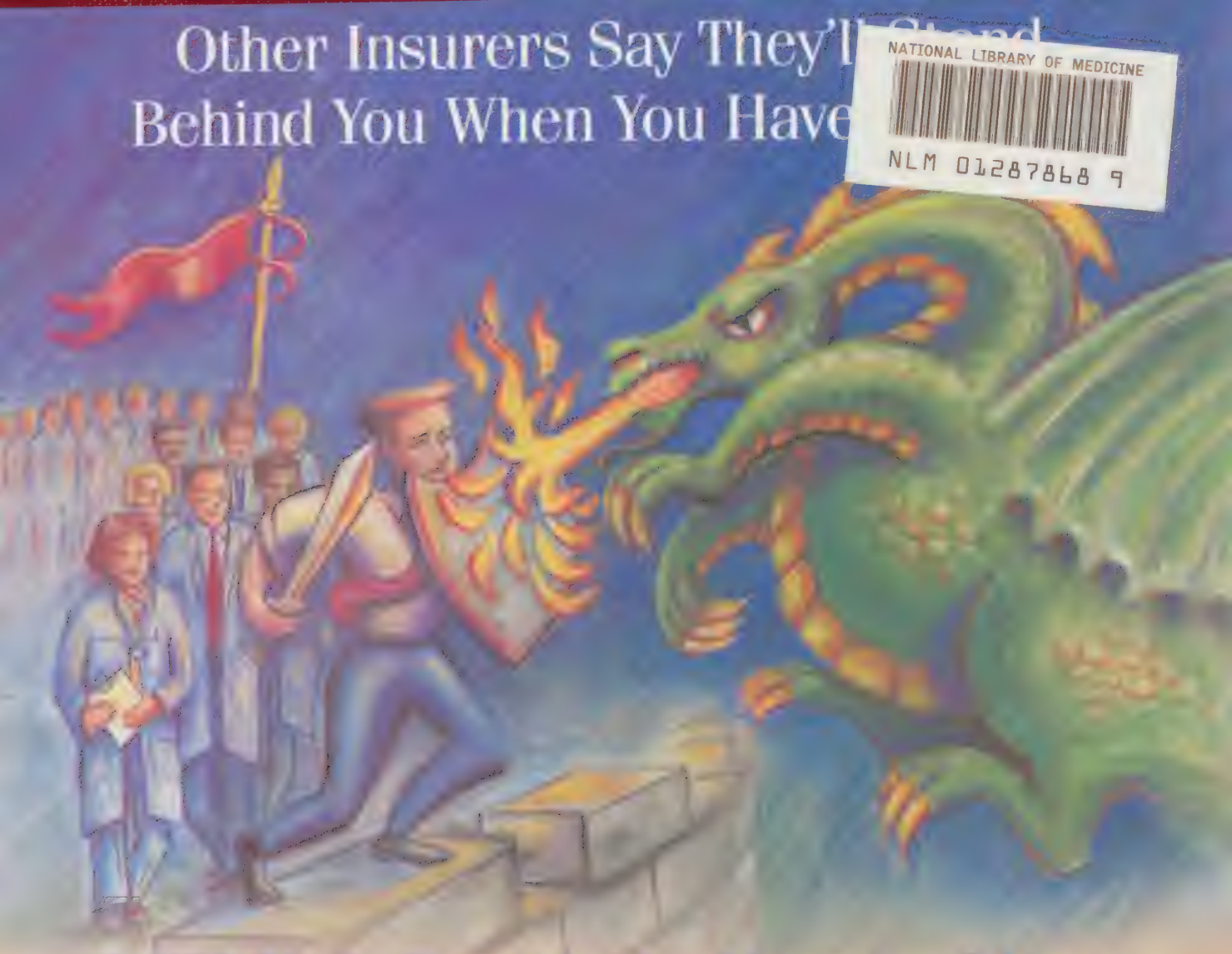
Phone _____ Fax _____ e-mail _____

Best time to contact me: Day _____ Time _____ AM PM

Mail to: MSMS GIT, PO Box 950, East Lansing, MI 48826-0950
Phone to: 1-800-748-0195
Fax to: 517-337-2590
E-mail to: ***gitservice@msms.org***

NATIONAL LIBRARY OF MEDICINE
NLM 01287868 9

Other Insurers Say They'll Stand Behind You When You Have



MPMLC Stands in Front of You.

After all, fighting legal battles isn't your business, it's ours.

When it comes to professional liability, Michigan Physicians Mutual Liability Company (MPMLC) will be your shield, **defending you against non-meritorious claims** and protecting your reputation. Our experienced claims staff will forge ahead in your defense. And we'll **keep fighting** until your claim is resolved.

MPMLC is highly rated by A.M. Best and Standard & Poor's. This means you can be confident we have the financial strength to keep you safe, even in the heat of battle.

We're also guarding your future by providing: customized coverage, excellent hands-on service, competitive pricing, and nationally recognized risk management programs that will help minimize the threat of future claims and also can qualify you for premium discounts.

So, you keep doing what you do best, and we'll keep doing what we do best — shielding our policyholders from financial risk. For more information or a quotation, please call our representatives at the Stratton, Cheeseman & Walsh Agency, **1-800-968-4929**.

- Rated "A-" (Excellent) by A.M. Best and "A+" by Standard & Poor's
- Customized Coverage
- Policyholder's Consent to Settle Claims
- Proactive Risk Management
- Competitive Rates
- Prior Acts Coverage Available
- Free Retirement Tail Available

MICHIGAN PHYSICIANS
Mutual Liability Company

The endorsed medical liability insurance provider of the Michigan State Medical Society and the Michigan Osteopathic Association.

WI MI22J
V.97 NO.6 1998
T.01--------SEQ: M33700000
TI: MICHIGAN MEDICINE
06/16/98

mmunity Involvement • Office Staff Education

MichiganMedicine

June 1998 • Vol. 97, No. 6 Award-Winning Journal of the Michigan State Medical Society



Alternative Medicine: Special Report

**********MIXED ADC 481
S 4 12
47367 #
NATIONAL LIB OF MEDICINE #
IM S223603 BLDG 38 RM BLW10
8600 ROCKVILLE PIKE
BETHESDA MD 20894-0001

PROPERTY OF THE NATIONAL LIBRARY OF MEDICINE


SOME
THINGS
change.
SOME
THINGS
don't.
Keep
your
eye
on
PICOM
INSURANCE COMPANY
Insuring – and reassuring –
the health care community.
800/292-1036

Health Volunteers Overseas

D·I·S·C·O·V·E·R



THE WORLD

Health Volunteers Overseas is dedicated to improving the availability and quality of health care in developing countries through training and education. *Volunteer your skills! Become a member of Health Volunteers Overseas!*

For more information, call 202-296-0928

Award-Winning Journal of the Michigan State Medical Society

MichiganMedicine

COVER STORY



ALTERNATIVE MEDICINE

Here's What You Should Know 24

The reasons that patients seek alternative treatment are many, and a great deal of curiosity regarding these practices has been raised in the medical community. In the near future, select alternative practices may even be covered under some insurance plans. How will this affect your practice and your relationship with your patients? In response to physician interest, and to a directive by the MSMS House of Delegates resolution, Michigan Medicine *devotes this month's cover story to this timely topic.*

By Kathleen Farrell

Cover photography by Michael J. Schimpf; cover design by Abbott Press

FEATURES

MEDICAL ECONOMICS

Preventing Claims in Outpatient Care Environments 12

MPMLC investigates how the trend toward outpatient care can affect medical liability.
By R. Stephen Trosty, JD, MHA

VIEWPOINT

Physician Community Involvement

Working within Your Community to Promote Better Health 14

Three physicians share their thoughts about making a difference in their community after participating for several years in a long-term community collaborative process.
By John G. Bizon, MD; F. Remington Sprague, MD; and Daniel Wilhelm, MD

EDUCATION UPDATE

New Classes for Office Staff

MSMS Educational Program Focuses on Improving Your Practice 18

Have you ever wondered how your practice could benefit from a highly trained and specialized office staff? Medical office personnel are essential, and their continued education can directly affect the operation and perception of your practice.
By Stacy R. Lammers

June 1998 Volume 97, Number 6

MSMS Web site Address: http://www.msms.org/

MSMS E-mail Address: msms@msms.org

MSMS Member Services Hotline: 800-914-6767

FEATURES

PHYSICIAN PROFILE

Donald Lawrenchuk, MD

Physician's Letter-Writing Hobby Pays Off for Local Charities **22**

Wayne County physician puts his letter-writing skills to work in a hobby he not only finds enjoyable, but profitable for needy organizations.

By Karen Bouffard

LIFE'S PLEASURES

"Gearing Up" for Summer

Quick Tips and Biking Essentials **34**

Tips for bicycle enthusiasts from beginners to advanced riders.

By Roy S. Goodman, MD

PHYSICIAN PROFILE

Marshall Brown, MD

Bringing Care to Guatemala **36**

A retired Saginaw physician devotes much of his time to gathering donations of unused and outdated medical equipment for a hospital near Guatemala City.

By Donna Kondek

DEPARTMENTS

ASK OUR LAWYER 8

IN YOUR FUTURE 40

PEOPLE 42

EDUCATIONAL OPPORTUNITIES 44

CLASSIFIED 52

AD INDEX 55

PRESIDENT'S PERSPECTIVE 56

Coming in July: MSMS House of Delegates Activity Summary

Look for Michigan Medicine on-line at http://www.msms.org/

BACKUS & ASSOCIATES, INC

PROFESSIONAL LIABILITY SPECIALISTS

INDEPENDENT AGENTS REPRESENTING

THE MEDICAL PROTECTIVE COMPANY

CNA

STAR INSURANCE COMPANY

Over 50 years of expertise professionally meeting the insurance needs of physicians

FOUR LOCATIONS TO SERVE YOU

Wayne M. Backus, Partner
28819 Franklin Road
Suite 300
Southfield, MI 48037
Ph (248) 358 1959
Fax (248) 357 3895

William F. Siewertsen, Partner
1094 Nautical Drive
Suite 600
Okemos, MI 48864
Ph (517) 349 7343
Fax (517) 347 1718

Steve Wilson
Suite 384
Grand Haven, MI 49417
Ph (616) 847 0023
Fax (616) 844 5448

Mark Tisdel
Suite 100
Rochester Hills, MI 48306
Ph (248) 400 2676
Fax (248) 652 6568

Please call or fax for a no obligation quote

Executive Director
William E. Madigan

Committee on Publications
John H. McLaughlin, MD
Birmingham, Chair
Thomas R. Berglund, MD
Portage
Jeffrey M. Jones, MD
Battle Creek
Dorothy M. Kahkonen, MD
Detroit
John M. MacKeigan, MD
Grand Rapids

Director of Communications
Sheri W. Greenhoe
Managing Editor
Kristen M. Lare

Michigan Medicine, the official journal of the Michigan State Medical Society, is dedicated to providing useful information to Michigan physicians about actions of the Michigan State Medical Society and contemporary issues, with special emphasis on socio-economics, legislation and news about medicine in Michigan.

The Michigan State Medical Society Committee on Publications is the editorial board of **Michigan Medicine** and advises the editors in the conduct and policy of the magazine, subject to the policies of the MSMS Board of Directors.

Neither the editor nor the state medical society will accept responsibility for statements made or opinions expressed by any contributor in any article or feature published in the pages of the journal. The views expressed are those of the writer and not necessarily official positions of the society. **Michigan Medicine** reserves the right to accept or reject advertising copy. Products and services advertised in **Michigan Medicine** are neither endorsed nor warranteed by MSMS, with the exception of a few.

Michigan Medicine (ISSN 0026-2293) is the official journal of the Michigan State Medical Society, published under the direction of the Publications Committee. It is published on a monthly basis. Second class postage paid at East Lansing, Mich. and at additional mailing offices. Yearly subscription rate, $100.00 (includes weekly *Medigram* newsletter); single copies, $5.00. Printed in USA. All communications relative to articles, news, exchanges and classified advertising should be addressed to Kristen Lare, advertising to Judy Hudson, and address changes to Janet Button, Michigan State Medical Society, P.O. Box 950, East Lansing, Michigan 48826-0950. Phone 517-337-1351. POSTMASTER: Send address changes to Michigan Medicine, P.O. Box 950, East Lansing, MI 48826-0950

MICHIGAN MEDICINE
Michigan State Medical Society
P. 0. Box 950
East Lansing, Michigan 48826-0950.
Phone 517-337-1351
Member Services Hotline 800-914-6767
©1998 Michigan State Medical Society

Design, layout and prepress by Abbott Press, East Lansing, a subsidiary of MSMS.

PRINTED WITH SOY INK

SOCIETY OF NATIONAL ASSOCIATION PUBLICATIONS

Michigan State Medical Society

the Voice of 14,000 Michigan Physicians

Officers

PRESIDENT	Cathy O. Blight, MD, *Flint*
PRESIDENT-ELECT	Krishna K. Sawhney, MD, *Farmington Hills*
IMMEDIATE PAST PRESIDENT	Peter A. Duhamel, MD, *Rochester*
SECRETARY	Thomas R. Berglund, MD, *Portage*
TREASURER	Billy Ben Baumann, MD, *Pontiac*
SPEAKER	Dorothy M. Kahkonen, MD, *Detroit*
VICE SPEAKER	Paul O. Farr, MD, *Grand Rapids*

Board of Directors

CHAIR	Kenneth H. Musson, MD, *Traverse City*
VICE CHAIR	John M. MacKeigan, MD, *Grand Rapids*

District Directors

DISTRICT 1	Hassan Amirikia, MD, *Detroit*
	James P. Gallagher, MD, *Detroit*
	Richard P. Horsch, MD, *Farmington*
	Cecil R. Jonas, MD, *Detroit*
	Edward C. Bush, MD, *Riverview*
	Michael A. Sandler, MD, *West Bloomfield*
	Joseph J. Weiss, MD, *Huntington Woods*
DISTRICT 2	Mitchell A. Rinek, MD, *Lansing*
	Sherman W. Horn, II, MD, *Dimondale*
DISTRICT 3	Jeffrey M. Jones, MD, *Battle Creek*
DISTRICT 4	James B. Kilway, MD, *Kalamazoo*
	Kenneth J. Edwards, MD, *St. Joseph*
DISTRICT 5	John M. MacKeigan, MD, *Grand Rapids*
	M. Gary Robertson, MD, *Grand Haven*
DISTRICT 6	AppaRao Mukkamala, MD, *Flint*
DISTRICT 7	D. Moore Hislop, MD, *Port Huron*
DISTRICT 8	Thomas A. Egleston, MD, *Saginaw*
DISTRICT 9	Kenneth H. Musson, MD, *Traverse City*
DISTRICT 10	Devendra Sharma, MD, *Tawas City*
DISTRICT 11	Robert C. Packer, MD, *Muskegon*
DISTRICT 12	Jaak M. Pahn, MD, *Sault Ste. Marie*
DISTRICT 13	Rudy W. Stefancik, MD, *Hancock*
DISTRICT 14	Rudi Ansbacher, MD, *Ann Arbor*
	Rhoda M. Powsner, MD, *Ann Arbor*
DISTRICT 15	Mark D. Kolins, MD, *Troy*
	John H. McLaughlin, MD, *Birmingham*
	Alan M. Mindlin, MD, *Pontiac*
	Donald B. Muenk, MD, *Warren*
EXECUTIVE DIRECTOR	William E. Madigan

"Thank You."



A relaxed, low-key Victorian atmosphere.

"Terrific."



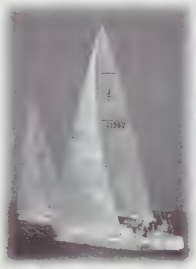
450 holes of Michigan's best golf.

"Great Job."



More than 100 resort shops and boutiques.

"Super Choice."



The beauty of Lake Michigan.

MEET IN PETOSKEY-HARBOR SPRINGS AND YOU'LL HEAR ABOUT IT.

Northern Michigan's premier resort area is also its finest meeting site: a combined 115,000 sq. ft. of meeting space adapts to large or small groups; 1,600 affordable rooms in full-service resorts, historic inns, and charming hotels; easy access via major highways; experienced meeting coordinators to help with all the details. FOR A FREE GUIDE to facilities, accommodations and activities, please call:

BOYNE COUNTRY

1-800-845-2828

Petoskey~Harbor Springs~Boyne Country Visitors Bureau
401 E. Mitchell St., Petoskey, Michigan 49770 • www.boynecountry.com

Your Outside Line



You're busy. You're out and you've got to get through to your clients, your staff—everyone! Your association membership can help give you the best deal while giving you superior service. Take advantage of this special offer from AirTouch Cellular. It's just the outside assistance you need. And that's no line!

AIRTOUCH™
Cellular
An easy call to make℠

Every time you use your phone, AirTouch Cellular makes a contribution to your Association at no additional charge to you.

Endorsed by:

MICHIGAN STATE MEDICAL SOCIETY

1-800-AIRTOUCH

AirTouch™ and the **AirTouch logo** are trademarks of AirTouch Communications, Inc.
An easy call to make℠ is a service mark of AirTouch Communications, Inc.

Announcing...

Malpractice Insurance Alternatives!

Cunningham Group

"Insurance and Risk Management Services Since 1947"

Call Toll Free: 888.656.7070

As specialists in malpractice insurance, the Cunningham Group can offer you top-rated and cost-effective malpractice insurance alternatives for:

• Individual and Group Practice Physicians and Surgeons •
• Clinics • Surgery Centers • IPAs • PHOs • MSOs •
• Multi-Specialty Practices •

For Additional Information, Contact:
Terri L. Richards
888-656-7070 or 616-465-7070
Fax: 616-465-5007
Cunningham Group

Office Locations:
Stevensville, Michigan • Cleveland, Ohio • Chicago, Illinois
Houston, Texas • Columbus, Ohio • Pittsburgh, Pennsylvania



Liability to and for Employees while Attending Seminars

By Richard D. Weber, JD, MSMS legal counsel

Question: **In the next few weeks I am planning to travel with my staff to a continuing dental education seminar. I am paying travel costs, hotel costs, and continuing education course tuition for myself and my staff, who are employees of my professional corporation. Where does the liability of my professional corporation begin and end? Am I responsible for my staff after class hours? Am I liable for my staff if they choose to take a vacation day and stay at the hotel after the continuing education course has concluded?**

Answer:

Liability to Injured Employees—Worker's Compensation

The test for whether an employee is entitled to worker's compensation for an injury depends upon whether the injury "arose out of and in the course of " his or her employment. Michigan courts often struggle when deciding whether the cause of an employee's injuries sufficiently is related to the employee's job to merit worker's compensation. In the context of employees traveling to seminars or conventions, however, the courts have provided general rules that help determine whether the connection between an employee's injury and his or her employment is close enough to warrant compensation.

Generally, an employee's injuries occurring while attending a seminar will be compensable if the employer: (1) arranges and pays for transportation or other expenses; (2) requires or expects attendance; (3) derives some specific benefit from the employee's attendance; or (4) if the employee's contract of employment contemplated attendance at seminars as a part of his or her job description. Nevertheless, some employee conduct while attending a seminar may be so outrageous or unrelated to the business purposes of the trip that any injury sustained because of this conduct will not be covered by worker's compensation. For instance, if an employee is injured while attending a seminar, but at the time of the injury the employee is engaged in activity that is predominantly social or recreational in nature, the employee cannot recover worker's compensation. Additionally, courts often consider the amount of time that has elapsed between the end of the seminar and the injury, the amount of risk added by the employee's personal activities (such as drinking alcohol), and the nature of the job when deciding whether an employee has deviated so far from the business purposes of a trip that the "employment nexus" has been broken.

In this case, the professional corporation's employees generally would be protected under the worker's compensation law if they are injured while attending the seminar. Attendance is probably required or at least expected, and transportation and other expenses are being paid for by the employer. As previously discussed, this does not mean that the employer will be liable in every case involving an injury to an employee during the seminar. In the final analysis, the facts and circumstances would determine whether the injury is compensable under the Michigan worker's compensation law.

Liability for the Acts of Employees—Vicarious Liability

Under the doctrine of respondeat superior, an employer is vicariously liable for the negligent acts of an employee committed within the scope of employment. If an employee willfully or intentionally causes injury to another person, an employer will typically not be held vicariously liable.

While the negligent employee who causes an injury to another is personally liable for his or her acts, to hold an employer liable for those acts requires the existence of an employer-employee relationship. This determination turns upon the right of the employer to control the actions of the employee. When the person causing the injury is an independent contractor, the employer will not be vicariously liable for the injury. In this case, the physician's

Editor's note: If you have legal questions you would like answered by MSMS legal counsel in this column, jot them down and send them to Kristen Lare, managing editor, P.O. Box 950, East Lansing, MI 48826-0950.

staff is probably subject to his or her direction and control, creating the employer-employee relationship necessary to establish a claim of vicarious liability.

Even if an employer-employee relationship exists, an employer is only liable to third parties when, at the time of the injury, the employee was acting within the scope of employment. The phrase "in the scope of employment" generally connotes those acts committed while the employee is engaged in the service of the employer. Under this standard, acts not reasonably connected to the nature, character, or purpose of the employer's business, or acts not related to the duties entrusted to the employee, will not render the employer vicariously liable. Thus, acts done outside of working hours, acts not connected with the employment, and acts not directed by the employer are not ordinarily considered to be within the scope of employment.

Generally, injuries to third parties caused by an employee during the employee's journey to a seminar, when the employee's attendance is at the direction of and paid for by the employer, would fall within the scope of employment. Similarly, actual attendance at medical-related lectures would be related so closely to the business purpose of the trip that any injury caused by an employee while attending would presumably subject the employer to vicarious liability.

Conversely, an employee who voluntarily attends a purely social event while at a seminar, or who becomes intoxicated and causes an injury to a third person, would normally not be acting within the scope of employment. Such actions are not in the employer's interests, are unrelated to the employee's duties, and provide no benefit to the employer. An injury to third persons by an employee while on vacation after the seminar has concluded would constitute acts performed outside of working hours and unconnected with the employer's business, absolving the employer of any vicarious liability. The facts and circumstances surrounding any injury to third parties by an employee would ultimately dictate whether an employer may be held vicariously liable for that employee's acts.

Worker's compensation claims by employees, and vicarious liability claims by third parties, are covered under worker's compensation and general liability insurance policies. Such insurance coverage is essential. ■

The author is senior partner for Kerr, Russell, & Weber, Detroit.

Primary Care Physicians
Practice Opportunities
City of Detroit

Recent practice acquisition has created opportunities for board certified/board eligible physicians in family practice, internal medicine and pediatrics. Competitive salary and fringe benefit package available. Academic appointments available.

Please send CV to
Practice Opportunities
17570 Meadowood Ave.
Lathrup Village, Michigan
48076

BINSON'S™
Home Health Care Centers
MEDICAL SUPPLIES & SERVICES SINCE 1953

Binson's, a trusted name in home care for over forty years.

- Medical Equipment Supplies & Services
- Mastectomy
- Diagnostic & Surgical Supplies
- Ambulatory Aids
- Bathroom Safety
- Orthotics & Prosthetics
- Clinical Services
- Ostomy Supplies
- Wheelchairs
- Patient Room Equipment

WHEN YOUR CHOICE IS HOME

Joint Commission on Accreditation of Healthcare Organizations

1-800-922-6528

Health Care Challenges: A Spectrum of Perspectives

The 21st Annual British Virgin Islands Medical Conference

February 1-5, 1999

The Annual Medical Conference is designed to enhance the continuing medical education of physicians in multiple disciplines

C. Everet Koop, MD
We are pleased to announce C. Everett Koop, MD, former Surgeon General of the United States, will be the Ralph Blocksma Endowed Lecturer.

Limited to 120 physicians, the Conference runs Monday - Friday from 8:00 am to 12:30 pm in the intimate learning environment of the oceanside Reef House.

The program consists of a stimulating series of papers divided into Symposiums organized by:

Spectrum Health (Formerly Butterworth Hospital)
Mayo Clinic
Michigan State University
University of Toronto, Sunnybrook Health Science Center
University of the West Indies, Barbados, Jamaica & Trinidad

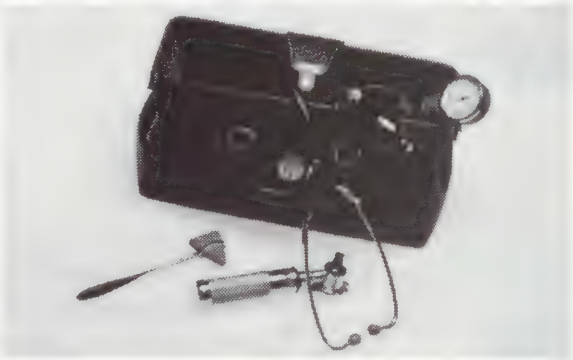
Spectrum Health - Downtown Campus, accredited by the MSMS Committee on CME Accreditation, designates 20 category I credit hours toward the requirements for Michigan relicensure and toward the Physician's Recognition Award of the AMA provided it is completed as designed

Conference Registration
Conference registration fee is $550 before October 15, 1998
($650 after 10/15/98)

Prospect Reef Resort, Road Town, Tortola
Sailing Capitol of the World

Conference Registration
For information call Conference Coordinators:
Julie S. Lucas or Virginia A. Riisberg (616-391-2666)
or fax (616-391-2911) or email (julie.lucas@spectrum-health.org)
Spectrum Health - Downtown, Grand Rapids, MI

TWO MEN AND A TRUCK®
"Movers Who Care"®



WE MAKE HOUSECALLS... OFFICE CALLS TOO.

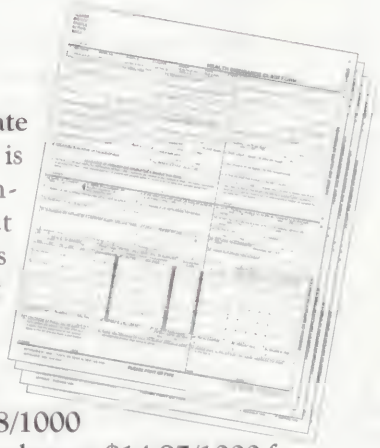
You're facing a business move.
You're stressed.
It's time to call the movers in the business of moving.
We offer all the support you'll need, including packing and unpacking service and a complete line of professional packing supplies. Many of our franchises even offer overnight service, all to keep your down time to a minimum. From Holland to Pt. Huron, from Marquette to Macomb, we'll make moving your practice painless.
Call us for a free consultation.



TWO MEN AND A TRUCK®
"Movers Who Care"®
www.twomen.com

© 1997 TWO MEN AND A TRUCK®, INTL., INC.

HCFA 1500 Forms Available



The **Michigan State Medical Society** is pleased to announce a product offered through its subsidiary Abbott Press, the **HCFA 1500 Forms.** These forms are available at **$39.88/1000 for two-part carbonless,** or **$14.97/1000 for one-part forms,** plus tax and shipping.

To order, please call Heidi Van Ostran at 517-336-5761 or fax to 517-336-5797.

"Patients comment on our on-hold messages all the time. They enjoy receiving information rather than just listening to music."

– Office of Jeffrey T. Vangelderen, MD, FAAP
Bay City

- Script Writing
- Voice Talents
- Maintenance Free Service
- 100% Guarantee
- MSMS Member Discount

Demo Line:
(800) 892-HOLD
Speak to our Representative at
(517) 349-5177

PREMIER COMPANIES
HOLD
PLUS
Telephone on-hold message and music systems

Preventing Claims in Outpatient Care Environments

By R. Stephen Trosty, JD, MHA

Between 1981 and 1992 outpatient surgical operations grew 242 percent nationwide. During the same period, inpatient surgical operations dropped by 32 percent, according to the American Hospital Association.

Larry Rosen, Michigan Hospital Association Service Corporation, indicates that the outpatient trend is strong in Michigan as well. He states that Michigan hospital outpatient visits increased from 18 million in 1994 to 21 million in 1996.

How has this trend toward outpatient care affected medical liability?

Using statistics provided by the Michigan Physicians Mutual Liability Company's (MPMLC) Risk Management Department, the primary medical malpractice allegations are for "failure to recognize a complication" and "procedure improperly performed."

Supportive Data

Let's take a closer look. MPMLC's data is for both outpatient procedures performed in a hospital facility and those performed in a physician's office or clinic, and covers the years 1991-95. "Failure to recognize a complication" was the most frequent allegation for closed claims in both a hospital setting and a physician office or clinic. In 1994, however, most hospital outpatient facility claims came in the area of "procedure improperly performed." But, the 1994 data showed that for a physician office or clinic the highest percentage of claims came from "failure to diagnose a condition."

The picture changes slightly in 1995. MPMLC's data shows that "*failure to diagnose a condition*" was the primary allegation for closed claims for *both* hospital outpatient facilities and physician office or clinic settings. However, the claims frequency was higher in a hospital setting with 43.6 percent compared to 18.4 percent in a physician office or clinic. Because of the length of time from the initiation of a claim to settlement, there is not yet adequate data on claims occurring from 1996 to the present.

Steps to Reduce Risk

Given the dramatic rise in outpatient procedures, steps should be taken to reduce risk in out-patient environments. Of utmost importance is proper credentialing and privileging for various procedures performed. Are the physicians and other patient caregivers qualified to perform various procedures? Is the staff participating in ongoing continuing education to keep their skills fresh and keep up-to-date with the constant influx of new information? Is the staff obtaining appropriate and adequate training on new procedures and equipment? Is there adequate monitoring and follow-up of patients to identify and treat any resulting complications?

Credentialing and privileging is an issue for both hospitals and physician offices. When services are provided in hospital settings, the hospital board and administration, with substantial input from the medical staff, have overall responsibility for making sure physicians are properly credentialed and privileged for the various procedures they perform. Yet the existence of increasingly diverse settings for health care delivery underscores the importance of credentialing and privileging.

Along with proper credentialing and privileging, an outpatient care facility needs to evaluate the entire care-giving team. Questions to ask should include:

- Is the facility adequately staffed to meet the needs of the physicians and patients?
- Is the staff appropriately trained for the procedures performed at the facility? Emergencies unrelated to the services being provided by the facility can arise without warning. Is your facility and staff prepared to handle a crisis quickly and correctly?

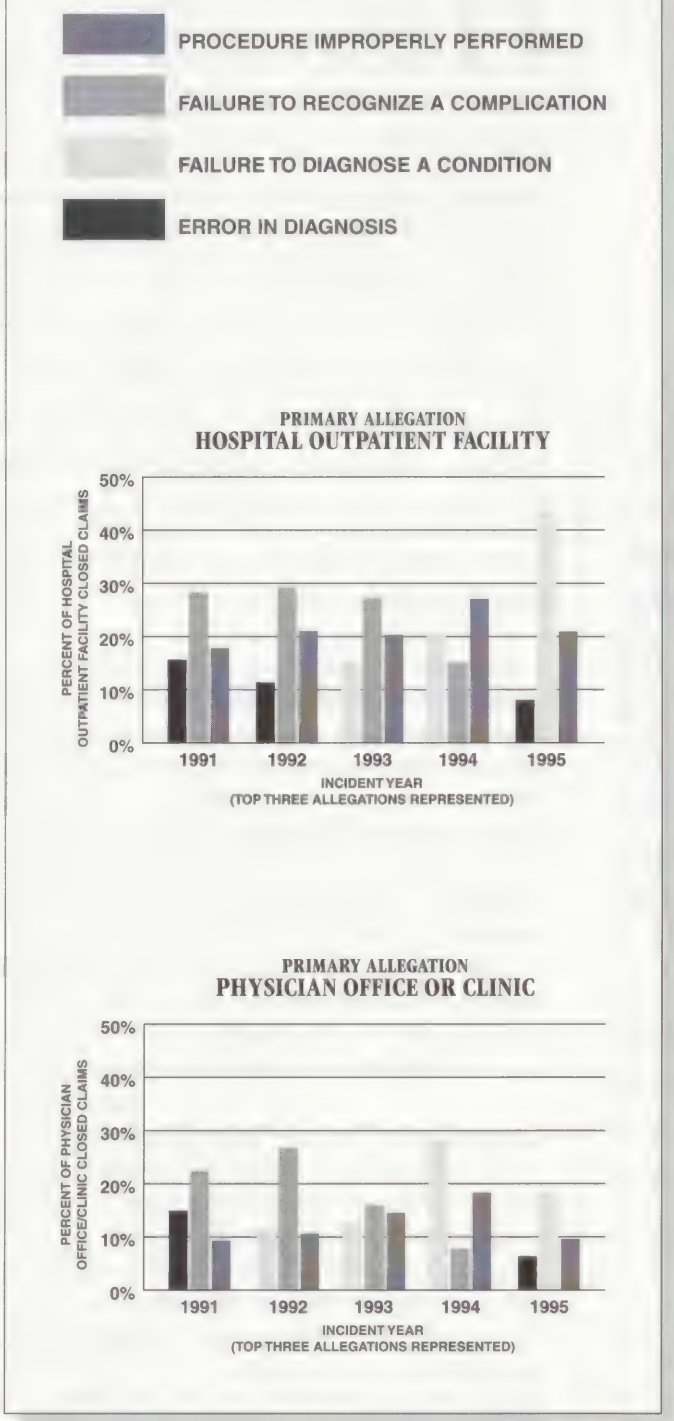
- Is there an emergency plan of action that includes an immediate call to 911?
- Does the facility have appropriate equipment not only for the regularly scheduled care, but for emergencies (i.e., an emergency kit, a full crash cart, an Ambu-bag and supplies to be able to start an IV)?
- Is someone on duty at all times who is qualified to perform CPR? Make sure their certification is current, appropriate, and located in the personnel files.
- How far is the facility from a hospital emergency room? (Even if you are right next door, don't depend on the emergency room to solve your problem, you must be prepared!)
- What type of emergency transportation is there from your facility to the closest appropriate hospital?
- Are patients being monitored before and after surgery by qualified personnel?

Recognizing problem areas and then developing and instituting policies to insure quality care to your patients will reduce risk and serve as some protection from claims.

Questions regarding risk management and outpatient care may be directed to MPMLC at (800) 748-0465. ■

The author is director of Risk Management Services at MPMLC.

For information about MSMS/ MPMLC risk management programs, contact Peggy Galloway at (517) 336-5729 or at pgalloway@msms.org. Also see the MSMS master calendar at http://www.msms.org.



Physician Community Involvement

Working within Your Area to Promote Better Health

By John G. Bizon, MD; F. Remington Sprague, MD; and Daniel Wilhelm, MD

How many times have you been asked to participate in a meeting, forum, or task force to address a community health issue in the last few years? Opportunities seem to crop up almost weekly as non-profit organizations acclimate to meet changing needs and health systems continue to adapt to market forces. But participating in ongoing community projects, or even attending periodic meetings, draws time away from practice and professional obligations and limits an already modest supply of personal time. Is involvement in a community collaborative effort worth the time? And, if so, what are the benefits and challenges to physicians, health systems, and communities from this type of investment?

Community collaboration can reduce the distance between health care systems and the people they serve.

After participating for several years in a long-term community collaborative process, we have a few thoughts on this subject. In our respective counties, we have assisted in planning and implementing Comprehensive Community Health Models (CCHMs) of Michigan projects. The Calhoun County Health Improvement Program, the Muskegon Community Health Project, and CCHMs of St. Clair County are part of a W.K. Kellogg Foundation initiative joining providers, purchasers, and consumers in a community decision-making process around health issues, priorities, and resources.

Community Project Bears Fruit

That statement represents the big picture. But from the trenches, each community project involved many meetings, phone calls, discussions, and decisions that involved colleagues, business people, elected officials, community leaders, agency representatives, local clergy, and many others. As processes go, it is neither tidy nor predictable. But it *is* timely. And the unwieldy nature of the endeavor reflects, to some extent, the sprawling complexity of health, health care, and communities today.

Three Lessons Learned

Individually, we may have experienced varying levels of enthusiasm for the demands of this process over the last few years. But in each of our communities the collective efforts of volunteerism from so many organizations and constituencies are beginning to bear fruit. Thus, the time is right to reflect on the merits of the process and share three "lessons" gleaned from participation to date:

Community collaboration can reduce the distance between health care systems and the people they serve. One of the problems of traditional health care systems is that they have become so complex. If systems are difficult for physicians to navigate, consumers find them imponderable. But the more complicated systems become, the less trusting people feel toward them, and the more disconnected the public becomes from institutions intended to serve them.

At the same time, community health systems are necessarily focusing on the needs of payers, and their voices are growing stronger in health decision making. A community collaborative process that brings provider, purchaser, and consumer participants to the table enforces the connection between health system decision makers and those who experience the system firsthand.

We all know that the best way to get a patient's history is through open-ended questions in a one-on-one interview. We must listen to learn. In the CCHMs projects, we have developed mechanisms to let the community



By John G. Bizon, MD



F. Remington Sprague, MD



Daniel Wilhelm, MD

identify issues and explore solutions. Gathering data and statistics can tell us about health status and have an important place in decision making. But community forums, surveys, opinion polls, and public meetings have created other channels for gathering information from voices less often heard. A community collaborative process lets the people we serve define health issues and widens the circle of those involved in developing and implementing solutions.

Communities need a forum to balance competing factions and interests as they craft practical approaches to health issues. In an era of intense competition within the health system marketplace, collaboration can be a tough sell. Each organization or group has its own perspective. Competing health systems must strive to gain ground or maintain a foothold in pivotal markets to survive. Among business people, cost, coverage, and quality are the big issues. But narrow interests create fragmented approaches to problem-solving and can foster "in-the-box" thinking. For instance, those of us working in health care tend to identify medical solutions to health problems. But people outside the system think more "globally." They ask: Is the rent paid? Is food on the table? Are things in my life secure? These are factors that influence health in everyday life.

A process like CCHMs allows us to see outside our particular boxes while we continue to work from inside them. Granted, it takes time to appreciate differing perspectives and bring everybody up-to-speed so people can begin to work together. But the increased awareness changes the way decisions are made over time. From a community standpoint, having a forum where differing interests are routinely aired as part of the decision-making process increases the likelihood of developing workable solutions to health challenges.

Physician expertise is crucial to sound decision making. Community efforts can be optimistic and overly ambitious at times. For example, in the next five years anyone would advocate reducing the rate of cancer in our communities by half. But we know that goal cannot be physically accomplished within such a short time frame. When it comes to targeting health improvement, physician experience and expertise can help community-based projects develop realistic goals and practical time frames for accomplishing them. The direct patient care perspective that physicians can bring to a community is a valuable one. And physicians are in a unique position to combine their patient advocacy role with clinical expertise to ensure projects establish health improvement goals within the community's reach.

It must be added that the opportunities for becoming frustrated in this process are tremendous. Although physician participation is welcome, a community collaborative process may not wait for your opinion or endorsement to move ahead. The logistics of setting meeting times may not be compatible with your availability. Once given, your advice may not be taken. And you may get discouraged about the time and deliberation it takes to gain consensus.

On the plus side, you may pleasantly be surprised by the depth and scope of community problem-solving resources brought to bear on health challenges. And you may learn things you did not know about the people you care for and how to get things done in your community.

Community Activism *Can* Make a Difference

A community collaborative process can promote change. Complex health issues can be tackled. Competing factions can get together to make things happen. New resources and allies can be identified. These things may not happen as quickly, but they can happen as a result of this type of process.

We all know that health care is incredibly complex—involving multiple parties. But, many

continued on next page

A community collaborative process that engages the people who provide care, the people who pay for it, and those who receive it has a better chance of making the most of community resources and improving health.

continued form previous page

of our decisions seem to reflect only two entities at a time. To create workable approaches to health improvement, every group must be involved. A community collaborative process that engages the people who provide care, the people who pay for it, and those who receive it has a better chance of making the most of community resources and improving health. Certainly, participation in such a process can be demanding, time-consuming, and frustrating, but it *can* get to the heart of health issues in your community.

For more information or details about opportunities for involvement in community health projects, contact Julie Lester at MSMS at (517) 336-5723 or jlester@msms.org. ■

Doctor Bizon is from Battle Creek; Doctor Sprague is from Muskegon; and Doctor Wilhelm is from Port Huron

Tell us how you, or a colleague, are making a difference in your community. Please send a brief description of your volunteer activities to MSMS attn: Judith E. Marr, 120 W. Saginaw, East Lansing, MI 48823 or jmarr@msms.org.

Harper Associates

Physician and Healthcare Placement Specialists

We are currently working with a number of organizations in search of BC/BE physicians in various settings and locations throughout Michigan, Ohio, and nationwide.

OPPORTUNITIES AVAILABLE

PEDIATRICIAN - Northern Michigan
FAMILY PRACTITIONERS - Western Michigan
HEMATOLOGIST-ONCOLOGIST- Western - Mid Michigan
NEURO-SURGEONS - Mid Michigan
PULMONOLOGIST- Western Michigan
CARDIOLOGIST - Mid Michigan

Many ongoing searches in other specialties.
For details please contact: Cheryl Nowak, R.N.

(248) 932-3663 Fax: (248) 932-1214
Harper Associates
29870 Middlebelt, Farmington Hills, MI 48334

Visit our web site
www.harper-jobs.com

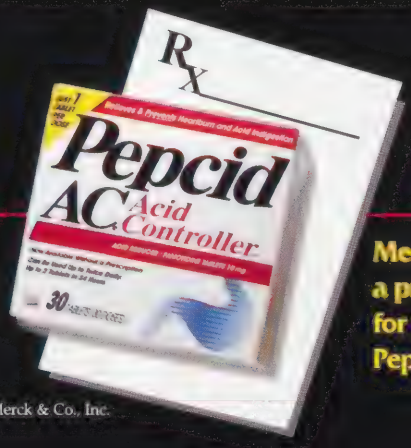
Pepcid AC Acid Controller
ACID REDUCER / FAMOTIDINE TABLETS 10 mg

Covered by Michigan Medicaid

ACID INDEPENDENCE

FREEDOM FROM THE HIGH COST OF HEARTBURN

- **Pepcid AC®** **$0.28 per dose[1]**
- Ranitidine 150 mg $1.48 per dose[1]
- Prilosec®* 20 mg $3.59 per dose[1]



Medicaid requires a prescription for coverage of Pepcid AC® 10 mg

*Prilosec® (omeprazole) is a registered trademark of Astra Merck.

1. Sources: IRI, November 1997; *Red Book Update*, November 1997; IMS America, September 1997.

© Johnson & Johnson o MERCK Consumer Pharmaceuticals Co., 1998 ® Registered trademark of Merck & Co., Inc.

JVMC-039 2/98

New Classes for Office Staff

MSMS Educational Program Focuses on Improving Your Practice

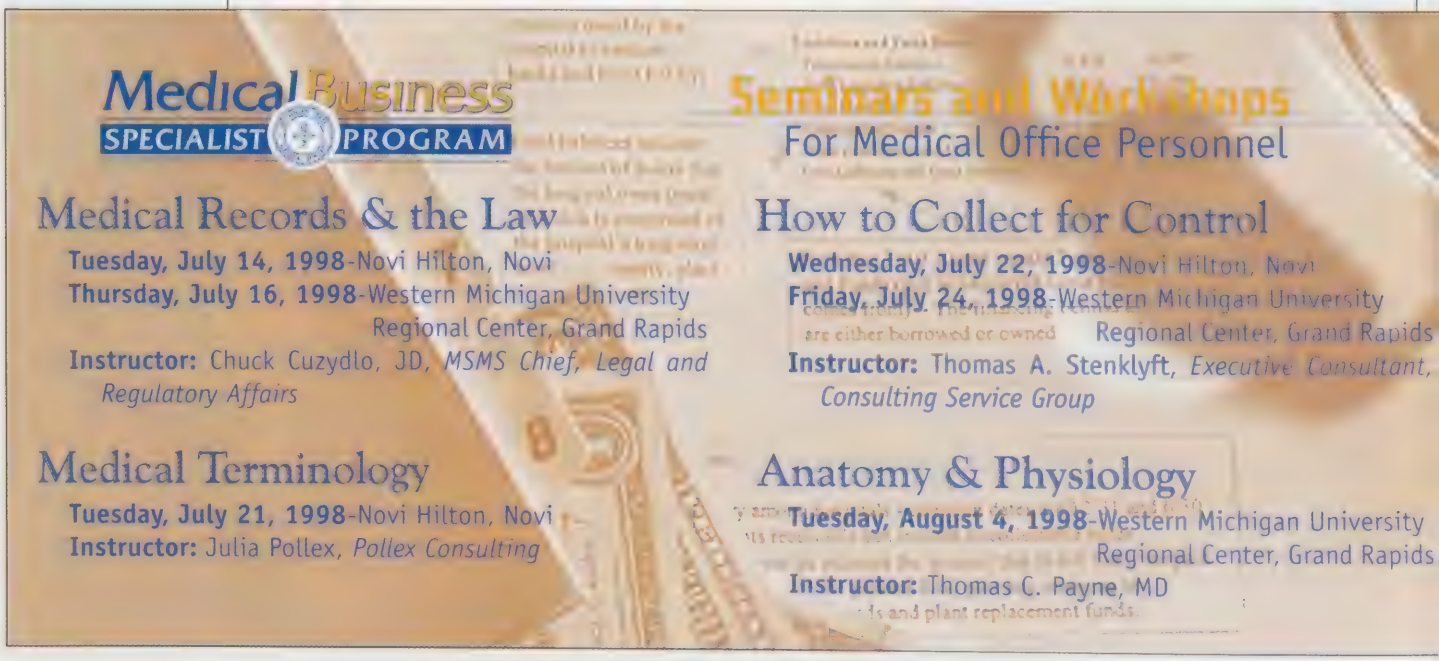
By Stacy R. Lammers

Have you ever wondered how your practice could benefit from a highly trained and specialized office staff? It could improve how patients are treated and enhance the day-to-day tasks required to run an office. Medical office personnel are essential, and their continued education can directly affect the operation and perception of your practice.

MSMS has a new program to assist you and your staff. The Medical Business Specialist Program (MBSP), offered to medical office staff members, is based on a similar program from the State Medical Society of Wisconsin (SMSW). The program is designed as a series to provide a broad base of general medical knowledge for office personnel. Currently, the series includes courses such as "How to Improve Your Office and Reception Skills," "Anatomy and Physiology," and "Medical Terminology." Future topics include "Introduction to CPT-4 Coding;" "Health Insurance 101"; "Medical Records and the Law"; "Medicare Basics." After completion of each course, an exam is offered. Participants who complete the entire series—or at least 10 courses—and pass the exams will be eligible for a certificate of merit.

Recruitment and Retention Tool

MSMS Chief of Professional Development Deborah Zannoth coordinates the program and curriculum for MBSP. "Not only is the program beneficial for the medical office staff members," she said, "but it is also an excellent way for physicians to show interest in the professional development of their staffs, and to enhance the recruitment and retention of qualified personnel."





Speaker Julia Pollex offers insight to a participant in the MBSP seminar "How to Improve Your Office & Reception Skills."

Each seminar runs about six hours, and includes handouts, visual aids, and exercises so that each participant gets as much as possible out of the course. The groups also are small enough, by design, to foster a discussion.

Seminar Content

The first seminar, "How to Improve Your Office and Reception Skills," examines better ways of interacting with patients, more efficient methods of maintaining medical files and paperwork, and discovering how appearance and attitude (both personal and office) affects the general perception of the practice.

Speaker Julia Pollex, president of a medical consulting firm, and former MSMS chief of Risk Management, brings to life the issues of improving office skills and of medical terminology. "The idea with this program is to give the medical office staff member a solid base of training to succeed in a demanding environment," she said.

After working in a multi-physician obstetrics-gynecology practice, Pollex knows how demanding the job can be. In this age of diminishing customer service, is imperative that issues like quality assurance and patient service be a priority, especially in medical offices.

Topics covered in "Office and Reception Skills" include the following:

- Telephone management

continued on next page

"It is an excellent way for physicians to . . . enhance the recruitment and retention of qualified personnel."

Health Insurance 101

Tuesday, August 11, 1998-Novi Hilton, Novi
Wednesday, August 12, 1998-Western Michigan University Regional Center, Grand Rapids
Instructor: Mary Anne Ford, *MSMS Director of Medical Economics and Health Care Delivery*
Kim Crawford, *MSMS Reimbursement Ombudsman*

Introduction to CPT-4 Coding

Tuesday, August 18, 1998-Novi Hilton, Novi
Thursday, August 20, 1998-Western Michigan University Regional Center, Grand Rapids
Instructors: Mary Anne Ford, *MSMS Director of Medical Economics and Health Care Delivery*
Kim Crawford, *MSMS Reimbursement Ombudsman*

Introduction to ICD-9-CM Coding

Tuesday, August 25, 1998-Novi Hilton, Novi
Thursday, August 27, 1998-Western Michigan University Regional Center, Grand Rapids
Instructor: Jeanne Rutledge, *Medical Management Systems of Michigan*

THE MBSP CURRICULUM

For more information, please contact Deborah Zannoth, chief of Professional Development, at (517) 336-5767 or at dzannoth@msms.org. Also, find current information on MSMSNET at http://www.msms.org.

continued from previous page

- Appointment scheduling
- Documentation guidelines
- Filing systems
- Procedure manuals
- Personal skills (i.e., first impressions, appearance, attitude, customer service, problem solving).

Walburga Williams, a participant from a pediatrics practice in Westland, said, "I feel that I will now be better able to interact with patients more confidently, and I now know how to improve upon the way I have been doing things."

The second seminar, "Anatomy and Physiology," is taught by Thomas C. Payne, MD, a board certified radiologist. "My goal is to present the basics, and really create an exchange by which participants could bring to the table what they know and experience on a daily basis," he said.

The primary course objectives are to teach participants how to:

- Identify the major systems in the body
- Name and locate the anatomical structures within each system.
- Describe basic functions within each system
- Recognize abnormal and pathological conditions that affect the body.
- Explain various laboratory tests and clinical procedures pertinent to systems discussed.
- Expand knowledge of medical terminology as it relates to the body.

Doctor Payne also clears up many common misconceptions and confusion about certain terms and procedures. For example, participants learn to differentiate between such procedures as Magnetic Resonance Imaging (MRI) and a Computerized Tomography (CT) scan.

The third seminar, "Medical Terminology," focuses on the skills of breaking down scientific medical terms and understanding their meaning.

Feedback Improves Future Sessions

Following each presentation, participants are asked to complete anonymous course evaluation forms. Recently one wrote, "Thanks to the speaker and the organization of the course, it was extremely interesting and helpful." Many participants agreed the first round of seminars was "refreshing," "entertaining," and "useful."

For information contact Deborah Zannoth at MSMS at (517) 336-5767 or at dzannoth@msms.org ■

Michigan State Medical Society Medical Business Specialist Program

Name _____

Practice/Organization _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____

E-mail _____

Registration Fees: $_____Employee of MSMS member ($129)

$_____Employee of non-member ($179)

Payment Method: ❑ Check payable to MSMS
❑ VISA ❑ MasterCard

Card Number _____

Exp. Date ____/____ Total Amount $_____

Authorized Signature _____

Please register me for the following location(s):

Medical Records & the Law
- ❑ Tuesday, July 14, 1998-Novi
- ❑ Thursday, July 16, 1998-Grand Rapids

Medical Terminology
- ❑ Tuesday, July 21, 1998-Novi

How to Collect for Control
- ❑ Wednesday, July 22, 1998-Novi
- ❑ Friday, July 24, 1998-Grand Rapids

Anatomy & Physiology
- ❑ Tuesday, August 4, 1998-Grand Rapids

Health Insurance 101
- ❑ Tuesday, August 11, 1998-Novi
- ❑ Wednesday, August 12, 1998-Grand Rapids

Introduction to CPT-4 Coding
- ❑ Tuesday, August 18, 1998-Novi
- ❑ Thursday, August 20, 1998-Grand Rapids

Introduction to ICD-9-CM Coding
- ❑ Tuesday, August 25, 1998-Novi
- ❑ Thursday, August 27 1998-Grand Rapids

Mail Payment and Registration to:
Michigan State Medical Society Attn: Registrar
120 W. Saginaw, PO Box 950
East Lansing, MI 48826-0950

MPMC

MICHIGAN PAIN MANAGEMENT CONSULTANTS, P.C.

SPECIALIZING IN SPINAL CORD STIMULATION,
IMPLANTABLE INFUSION SYSTEMS, AND FIBEROPTIC MYELOSCOPY

Consultants in Acute, Chronic and Cancer Pain Management, Spinal Cord Stimulation, Implantable Infusion Systems, and Fiberoptic Myeloscopy.

Patients may be scheduled for the evaluation and treatment of chronic benign and cancer pain management Monday through Friday, 8:00 a.m. to 4:00 p.m. at:

Providence Hospital Pain Control Center
22301 Foster Winter Drive
Second Floor
Southfield, Michigan 48075
Office (810) 424-3186 • Fax (810) 424-3460

Dennis W. Dobritt, D.O., D.A.B.P.M.
Chief, Pain Medicine
Director, Pain Control Center
Providence Hospital and Medical Centers

Jeffrey J. Kimpson, M.D., D.A.A.P.M.
Assistant Director, Providence Pain Control Center
Medical Director, Acute and Cancer Pain Management

Riad G. Khoury, M.D.
Added Qualifications in Pain Management,
American Board of Anesthesiology
Diplomate, American Academy of Pain Management

John H. Traylor, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Jeffrey J. Kirouac, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Dominick Lago, M.D.
Member, American Pain Society
Member, American Academy of Pain Management

Affiliated with Northland Anesthesia Associates, P.C.



Our practice management teams are hands-on professionals dedicated to refining and maintaining the highest standards for growth and profitability in your medical practice.

Please, call and introduce yourself. We always have time to meet with interesting people.

JIROUS MANAGEMENT GROUP

6410 Alpine Avenue, Suite D
Comstock Park, MI 49321-9721

Phone (616) 222-9901
Fax (616) 222-9904

Donald Lawrenchuk, MD

Physician's Letter-writing Hobby Pays Off for Local Charities

By Karen Bouffard

Wayne County Health Department Medical Director Donald Lawrenchuk, MD, has always admired physicians who travel to underdeveloped countries to provide medical care to needy populations. That's not something he's able to do—but he can write a great letter.

A "Win-Win" Situation

Doctor Lawrenchuk puts his letter-writing skills to work in a hobby he not only finds enjoyable, but profitable for needy organizations. After taking up autograph collecting in August 1996, he was approached by the Myasthenia Gravis Association to donate items to their February 1997 13th Annual Kissprint fundraiser. He donated more than half of nearly 300 items auctioned in the event, which raised more than $30,000 to fund research for myasthenia gravis, a debilitating and sometimes deadly neuromuscular disease.

His contribution sparked articles in the *Detroit Free Press* and the *Observer & Eccentric*, resulting in requests from more organizations seeking autographed photos, lipstick "kissprints," personalized t-shirts and other celebrity memorabilia to auction off for worthy causes.

"As medical director I have the opportunity to meet with a lot of people from a lot of wonderful causes," he said. "I've been involved with this hobby for almost two years—and after you get all of these thousands and thousands of autographs, you wonder what to do with them. It's good to have the opportunity to donate to good causes. It's a win-win situation."

Strong Letter-Writing Skills – a Must

Doctor Lawrenchuk's interest was kindled by friends involved in the hobby. He started off in a big way—writing letters to 1,200 celebrities the first year. More than 70 percent responded. According to Doctor Lawrenchuk, the key is knowing how to write a good letter—one that catches the celebrity's eye.

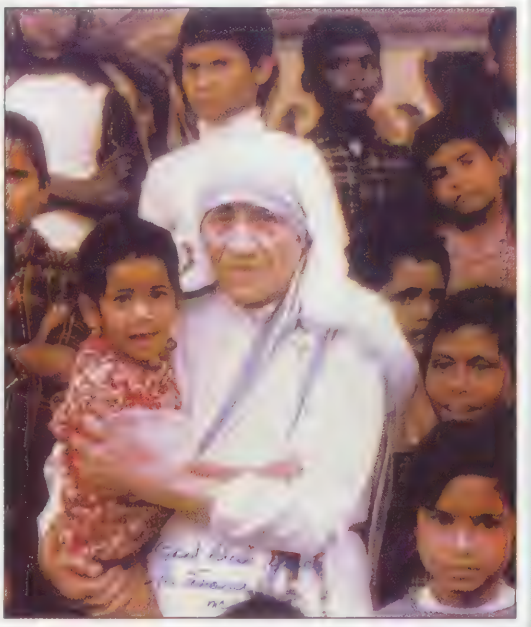
"I try to personalize the request as much as possible. I only write to people I admire—not people like Charles Manson," he said. "You want to keep it short and sweet, and include a stamped self-addressed envelope to make it as easy as possible for them to respond."

For example, Doctor Lawrenchuk mentioned in his letter to Diana Ross that he graduated from her alma mater—Detroit's Cass Tech High School. Another case in point is Red Skelton. "I was always a big fan of his," Doctor Lawrenchuk noted. "I wrote and got several of his autographs just before he died. Those are very meaningful to me now."

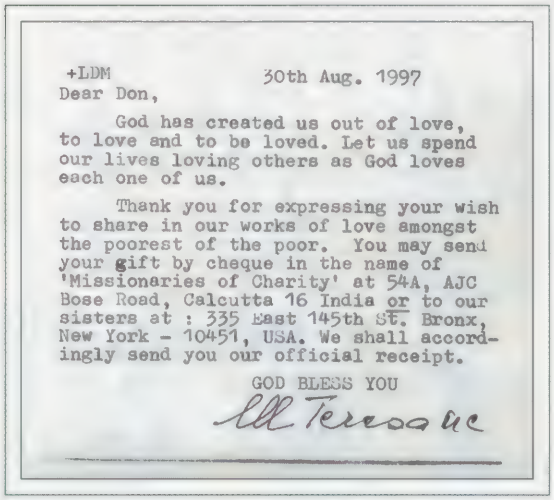
Doctor Lawrenchuk has more than 1,000 autographs in his current collection. He recommends beginners start out with celebrities whose autographs are easy to get, and work up to those that are harder. According to Doctor Lawrenchuk, Charlton Heston always responds to autograph-seekers. "There's a joke among autograph collectors that an unsigned photograph from Charlton Heston is worth more than one with an autograph," he said. Among the hardest stars to reach are Diana Ross, Barbara Striesand (from whom he has several autographs), and Madonna.

One autograph that's impossible to get is that of the Pope. Since popes traditionally do not give autographs, serious collectors seek autographs from cardinals likely to be next in line. So far, Doctor Lawrenchuk has collected signatures from several of the eight cardinals that may one day become pope. But by far, his most treasured autograph is that of Mother Teresa.

"I wrote to Mother Teresa about one month before her death—which as you know was rather sudden," he said. ""I'd previously acquired another autograph from Mother Teresa



Autographed photo of Mother Teresa, one of Doctor Lawrenchuk's most treasured items.



+LDM 30th Aug. 1997

Dear Don,

God has created us out of love, to love and to be loved. Let us spend our lives loving others as God loves each one of us.

Thank you for expressing your wish to share in our works of love amongst the poorest of the poor. You may send your gift by cheque in the name of 'Missionaries of Charity' at 54A, AJC Bose Road, Calcutta 16 India or to our sisters at : 335 East 145th St. Bronx, New York - 10451, USA. We shall accordingly send you our official receipt.

GOD BLESS YOU

Mother Teresa mc

Note that accompanied autographed photo of Mother Teresa, typed four days before her death.

that I donated, and it went for over $8,000. About two or three weeks after she died, I got an 8" x 10" color photograph with a little holy card. On the back of the card she typed a personal message to me, dated four days before her death. It had obviously been typed on a really ancient typewriter. I was speechless."

" I heard later that she was bedridden for two or three days before her death. This must have been one of the last things she did," Doctor Lawrenchuk added. "That's my most significant autograph, and one I'm not likely to part with."

Education, Networking are Essential

To learn more about the hobby, and to mingle with other autograph-seekers, Doctor Lawrenchuk attends several autograph shows held each year in Chicago. He subscribes to magazines such as Autograph Times, and belongs to the Universal Autograph Collectors Club. He searches the Internet for up-to-date celebrity addresses, which can either be purchased or obtained for free. A good web site to check, he said, is http://www.autographcollector.com. So far, Doctor Lawrenchuk has more than 50,000 valid celebrity addresses.

According to Doctor Lawrenchuk, his entire family has become involved. His sons Michael, 14, and David, 11, are avid collectors. Elaine, his wife, has taken on the role of organizer—out of necessity, he adds. "After awhile the house was inundated with pictures—and there's only so many places to hang them. I've got binders now," he adds.

"Over the past year and a half I've gotten to know a lot of people—including my postal carrier," he added, noting, "It pays to treat the people at the post office very well.

"I've met a lot of people from a lot of wonderful organizations. I can't go overseas. I'm not a clinician. But I know I can write a good letter—and I want to make the most of it." ■

The author is a Williamston-based freelance writer.

Alternative Medicine:

Special Report



Alternative treatment and methods seem to be the latest trend in the U.S. health care arena. It is clear that in their quest for wellness, more and more Americans are turning toward "new" approaches to their medical care that in fact, may be thousands of years old. In a recent national survey, over one-third of Americans sought alternative therapy within the last year, at a cost that exceeded $10 billion!

The reasons that patients seek alternative treatment are many, and a great deal of curiosity regarding these practices has been raised in the medical community. In response to physician interest, and to an MSMS House of Delegates resolution, *Michigan Medicine* devotes this month's cover story to this timely topic.

How Could Alternative Therapies Affect Your Practice?

By Kathleen Farrell

According to a study published in the January 1993 New England Journal of Medicine, *one third of all American adults use unconventional medical treatments in any given year—a much higher percentage than previously thought.*

According to a study published in the January 1993 *New England Journal of Medicine*, one third of all American adults use unconventional medical treatments in any given year—a much higher percentage than previously thought.

Although there are countless non-traditional therapies available today, the most widely known include: acupuncture, therapeutic massage, homeopathy, chiropractic, reflexology, aromatherapy, biofeedback, ayurvedic medicine, imagery, and herbal therapy. Information on the topic is plentiful. Books have been written, articles and newsletters are everywhere, and hours can be spent on the Internet researching the subject.

Alternative therapy is used most often by educated, upper-income white Americans in the 25-49 year age group for chronic conditions such as back pain, headaches, arthritis, musculoskeletal pain, insomnia, depression, and anxiety. The study also found that most patients who use alternative health care don't inform their medical doctors. That may be because patients are worried that their physician may be disrespectful or critical of their choice of alternative health care.

While the AMA is currently not conducting an aggressive investigation on the subject of alternative treatments, the *Journal of the American Medical Association* receives numerous articles for publication. "Although there is no on-going investigation, we continue to have discussions with people from both sides in the field of alternative medicine—from the National Institute of Health, and with skeptics," says Thomas Houston, MD, director of the Department of Preventative Medicine and Environmental Health at the AMA. More recently, the Food and Drug Administration (FDA) has been in contact with the AMA regarding the labeling of food supplements. The FDA has asked for feedback from the AMA on a labeling system that would alert prospective buyers of possible food and drug interactions with food supplements. The drug policy committee at the AMA is looking into this.

Acupuncture and More

Ten years ago, Judy Weber thought she faced a lifetime of unrelenting pain. She was only 29, but constant migraine headaches and muscle spasms in her face and neck were making her life miserable.

"My symptoms were getting worse over time," says Weber, who initially saw a neurologist and her family physician. For Weber, relief was nowhere in sight. It wasn't until her dentist diagnosed her with TMJ and referred her to Barbara Briner, DO, that Weber began to feel there was hope at last.

Doctor Briner, an Okemos osteopath specializing in manipulative medicine, helped relieve some of the pain and then referred Weber to Deborah Lincoln, RN, founder and owner of Meridian Health and Wellness Center in East Lansing for ongoing acupuncture treatment.

Lincoln is a board-certified acupuncturist as well as an RN/clinical nurse specialist and has been practicing for 17 years. She sees a thousand patients in her East Lansing office, all of whom are referred by physicians, and utilizes acupuncture as well as traditional Chinese medicine. In addition, Lincoln, and eight other colleagues, provide other therapies, such as counseling/psychotherapy, hypnotherapy, and nutrition as part of their practice. It is a holistic approach that Lincoln feels works well in conjunction with traditional medicine.

Today, with the exception of the occasional headache, Weber is relatively pain free. She continues to receive acupuncture treatments from Lincoln every four to six weeks as well as



Rocky Teitsma receives acupuncture treatment for pain associated with TMJ.

ongoing treatment with Doctor Briner for what she describes as a life-long condition.

Interest in Alternative Medicine Growing

Weber's story is not uncommon. Thousands of people are able to find relief and comfort through a combination of traditional western medicine and what is known as alternative or complementary therapies. It's a phenomenon that is particularly important to practitioners of western medicine in that more and more of their patients are turning toward alternative healing—with or without their knowledge.

"I discovered that some of my patients were already using many alternative health modalities," explained Karen Ogle, MD, an East Lansing family practitioner, who found that open communication with patients was extremely important. It is essential for physicians to be aware, open-minded, yet appropriately skeptical of their patients choices, so they may help their patients choose the most appropriate treatment. "Education about alternative treatments is the key," says Doctor Ogle. "It is important to be informed about a wide range of alternative practices for two reasons: There are some that are very effective and helpful, and conversely, some could be extremely dangerous."

Katherine Roth, MD, a Traverse City family practitioner agrees. She feels that patient communication is vital and urges physicians to take opportunities to learn about alternative therapies from their patients. "Your patients may have some knowledge that *you* can learn from," says Doctor Roth. "You can go about interpreting information regarding alternative treatments in four ways: reject it, ignore it, endorse it, or *understand* it." Understanding the methods available is the best way to assist your patients in making an informed decision, thus improving the physician/patient relationship. "If we continue to ignore alternative therapy, it will not disappear, it will only create a wedge between you and your patient, which is a very weak position," says Doctor Roth.

"It is your responsibility [as a physician] to look through things and decide what has no validity at all, and help your patients by educating them. Physician means teacher, so the more you know, the more you can help them make the right choices," says Andrea Johnson, DO,

"This treatment can often times be less expensive than other conventional therapies, and more 'approachable' to patients than placing them on drug therapy."

Janis Rygwelski, MD

The AMA's Stance on Alternative Medicine

The American Medical Association has recognized the high level of interest of its members toward alternative medicine, and last year conducted an extensive examination into the practices and theories behind many types of alternative medicine.

Although the material for their research did prove interesting, officially, the AMA feels that a clear result cannot be determined, due to the nature of the testing procedure that most alternative therapies go through. The bottom line is that further scientific data must be produced prior to the AMA's approval of a procedure and/or therapy. The Council on Scientific Affairs recommended that the following statements be adopted as AMA policy:

- There is little evidence to confirm the safety or efficacy of most alternative therapies. Much of the information currently known about these therapies makes it clear that many have not been shown to be efficacious. Well-designed, stringently controlled research should be done to evaluate the efficacy of alternative therapies.

- Physicians should routinely inquire about the use of alternative or unconventional therapy by their patients, and educate themselves and their patients about the state of scientific knowledge with regard

"[Alternative treatments are] extremely helpful for a wide range of clinical problems that commonly present in primary care, as well as pain management."
Karen Ogle, MD

an osteopath specializing in manipulative medicine.

"Team" Approach Very Desirable

One of the most important messages that many alternative practitioners want to convey is that alternative therapy *is not* a replacement for western medicine. A joint relationship between alternative practitioners and physicians is highly desirable. Many physicians have recognized this new trend, and are taking steps to incorporate alternative therapies into their practices.

Samuel R. Dismond, MD, a Flint family practitioner, had the opportunity to see alternative medicine in use while on a trip to China in 1995. He participated in a People-to-People program, where he and other U.S. physicians met with Chinese doctors. Doctor Dismond saw firsthand how Chinese physicians integrated both western medicine and alternative therapies into their practice. "I developed a deep appreciation for some forms of alternative medicine," says Doctor Dismond, who now occasionally refers some patients for alternative treatments.

"There are some areas that western medicine certainly excels in, but with chronic/degenerative diseases we are lacking a bit," says Doctor Roth, who is also the medical director of Integrative Medicine at Munson General Hospital (MGH). She recently has created a committee at MGH with the pharmacy and nutrition departments. Their main purpose is to review herbal and nutritional therapies, and they produce a quarterly newsletter with their research results.

Another important task the Committee performs is patient surveys. When a patient is admitted to the emergency room, a member of the Committee conducts a short survey that inquires about what types of alternative treatments each patient may already be taking. "It is a non-threatening way to discover what patients are interested in and involved with," says

Doctor Roth. In addition to the newsletter, the committee has initiated a journal club for practitioners, alerting them to the most recent and respected literature on alternative/holistic modalities, and in the near future, Doctor Roth and the committee plan to host clinical programs and a speaker series.

Janis Rygwelski, MD, an assistant professor in Michigan State University's Department of Family Practice and family practitioner, takes a holistic approach in her practice and is receptive to using many herbal therapies. She regularly recommends vitamins and minerals as treatment for some conditions, and does refer patients to alternative practitioners. Nutrition is a very large part of the alternative/holistic approach. If a patient has, or could develop, a condition that is due to their current lifestyle or environment, early lifestyle changes can *prevent* many conditions from ever becoming chronic or dangerous. For example, Doctor Rygwelski notes there is evidence that certain vitamins and minerals can positively affect a person with mild hypertension. "This treatment can often times be less expensive than other conventional therapies, and more 'approachable' to patients than placing them on drug therapy," explains Doctor Rygwelski.

"If a patient comes to me with a condition that can be helped by an alternative treatment, and they are receptive to this type of medicine, I will treat them myself, or refer them to a reputable practitioner," says Doctor Rygwelski. "Numerous journals, books, and other sites of research have explained that 70 percent of chronic/degenerative problems are caused by the environment. If we focus on this first, and treat the problems before they arise, many disorders can be avoided, or at least halted."

Doctor Ogle included a section on complementary pain management on her recent CD-ROM *Easing Cancer Pain*, and she feel that complementary—or alternative—modalities also have a place in the scope of medical practice.

to alternative therapy that may be used or contemplated.

- Courses offered by medical schools on alternative medicine should present the scientific view of unconventional theories, treatments, and practices as well as the potential therapeutic utility, safety, and efficacy of these modalities.

- Patients who choose alternative therapies should be educated as to the hazards that might result from postponing or stopping conventional medical treatment.

Given the growing interest I alternative medicine by the public, accurate, even-handed education about alternative medicine is vital for both the public as well as for physicians, who should be familiar with unconventional therapies and be able to advise patients on their use. Sound, good quality research is needed to determine the potential benefits and avoid the risks inherent in unconventional therapy.

This information was taken from the AMA CSA Report 12-A-97, which was presented by Mitchell S. Karlan, MD, chair. To obtain the entire document, please contact Wendy Morphew, public information officer at AMA at (312) 464-4443.

"I think that alternative medicine includes therapies for both chronic and common everyday conditions, which are sometimes not addressed effectively by western medicine."
Marsha Madigan, MD

tice today. "I am very impressed with how massage therapy seems to aid in many refractory-musculoskeletal problems," says Doctor Ogle. She notes that many insurance companies are now recognizing the positive affects of massage therapy, and are covering it as treatment for some automobile accident patients with neck, back, and shoulder injuries. Alternative treatments are "extremely helpful for a wide range of clinical problems that commonly present in primary care, as well as pain management," explains Doctor Ogle. That is why such a large section of *Easing Cancer Pain* is devoted to this subject. It allows patients to hear about alternate treatments available, and includes personal interviews with both patients and practitioners.

Doctor Johnson regularly refers her patients for acupuncture and feels it's important for physicians to be open to their patients' desires. "If somebody comes in with something relatively benign that can be addressed with one of these alternative sorts of treatments, wouldn't it be better to give them that than to write them a prescription with potentially serious side effects?" says Doctor Johnson, who adds that it's also important to monitor a patient who needs drug therapy to stay healthy. "You try to convey information to them but you sometimes have to set limits for them or at least warn them that this may be harmful or too expensive."

"Over the next few years as the dust settles, we will have some idea of what really works and what doesn't and I think payment [for alternative treatments] will follow that."

Dexter Sherney, MD
Blue Cross Blue Shield of Michigan

A Joint Effort is Beneficial

"I feel very strongly that we could work as a team," says Lincoln, who is widely respected in her field. "We definitely need western medicine and I fully support what goes on in people's practices. But I think if they could be open about recommending other things for people, sometimes it would be helpful."

Like many non-traditional medicine practitioners, Lincoln spends at least 30 minutes with each patient—often longer. This factor alone can make a huge difference in diagnosing a problem. "Most people don't tell you the whole truth when they first come in here," she says. "So we spend at least 30 to 40 minutes with each person. After a while they start telling you more and more."

Doctor Johnson says that the brief amount of time many physicians believe that they can give patients is a contributing factor toward the surging interest in alternative medicine. "If you've got five to seven minutes with someone, the only intervention you may be able to make is through your prescription pad. We get to know them better, we can find out what their emotional issues are and get a bigger picture of the person, which makes it a little easier to create a plan especially for them."

Why Patients Turn to Alternative Treatments

According to some observers, there are several reasons why patients are flocking to alternative therapies:

- fear of adverse drug reactions
- decreasing patient satisfaction
- the ailments become more chronic rather than disease oriented
- patients desire better communication
- patients want to exercise choice
- patients want a preventative approach

"I think that alternative medicine includes therapies for both chronic and common everyday conditions, which are sometimes not addressed effectively by western medicine." says Marsha Madigan, MD, chief learning officer at Ingham Regional Medical Center in Lansing. "It's unfortunate that physicians have tended to ignore it because it has a lot of benefits and a lot of value. But it's not a replacement for allopathic or osteopathic medicine."

Why are so many people choosing complementary therapies? Much can be attributed to the overall movement toward healthy living. People are joining gyms, they're choosing lower-

impact exercise such as walking, healthy eating is becoming more important, bottled water is a top seller and, perhaps more importantly, traditional drug therapy is scaring them. According to a recent report by Bruce Pomeranz, MD, which ran in the *Journal of the American Medical Association,* severe reactions to prescription and over-the-counter medicines kill more than 100,000 Americans and seriously injure an additional 2.1 million every year. Combine all of these factors and you have patients trying to avoid illness and injury any way they can. Patients are becoming increasingly motivated to be a partner in their own health care, to question their medical doctors about forms of treatment, and to go elsewhere if their needs aren't being met—sometimes even to the detriment of their own health.

"People are looking for more than just a traditional approach to their own health care," Doctor Roth explains. "Being 'patient-centered' is my main goal." Alternative/holistic approaches to medicine allow each person to participate in their treatment. "Patients feel empowered. They want to personally invest in feeling better, to take control of their medical care," says Doctor Rygwelski. "Doctors need to work with their patients and help them keep this feeling of empowerment. This will protect and enhance the physician-patient relationship."

"Patients sometimes preceive alternative therapists as better listeners, more attuned to and working with the body's natural healing process," says Doctor Madigan.

NIH is Taking Note

Because of the surge in interest, alternative medicine seems to be taking bigger steps toward more widespread acceptance. In 1992, the National Institutes of Health established the Office of Alternative Medicine whose purpose is to "facilitate the evaluation of alternative medical treatment modalities to determine their effectiveness." The mandate also provides for a public information clearinghouse and a research training program. Here in Michigan, Western Michigan University offers a certificate program in Holistic Health Care, one of only a few such programs in the country. And last fall, the FDA classified acupuncture needles as medical devices for general use by trained professionals, a move that clears the way somewhat for insurance coverage of the therapy.

At the NIH Consensus Conference on Acupuncture in October, 1997, some of the best research evidence for efficacy of acupuncture involved the use of standard medical therapy with acupuncture for nausea and vomiting associated with chemotherapy. Some of the alternative therapies currently under study with grants from the NIH include:

- acupuncture to treat depression
- acupuncture to treat attention-deficit hyperactivity disorder
- acupuncture to treat osteoarthritis and postoperative dental pain
- hypnosis for chronic low-pain and accelerated fracture healing
- ayurvedic herbals for Parkinson's disease
- biofeedback for diabetes, low-back pain, and face and mouth pain cause by jaw disorders
- electric currents to treat tumors
- imagery for asthma and breast cancer

What about Insurance Coverage?

Because the FDA recently classified acupuncture needles as medical devices for general use, health insurance companies have begun to take a closer look at their coverage policies. "A lot of these modalities are being studied now quite extensively," says Dexter Sherney, MD, vice president of medical affairs and corporate medical director for Blue Cross Blue Shield of Michigan (BCBSM). "Over the next few years as the dust settles, we will have some idea of what really works and what doesn't and I think payment will follow that." Currently,

Several physicians recommended this website as a good starting point: www.altmed.com

BCBSM does not cover acupuncture except for a few, large group customers who have requested it. Other, smaller insurance companies may provide limited coverage. Some Michigan insurance companies have formulated plans to incorporate alternative medicine including PPOM Midwest in Southfield.

What Should Patients Know?

Many physicians and practitioners of alternative therapies urge doctors to open the lines of communication with their patients. Inquire about what therapies patients may already be involved with. By doing this, physicians will remain involved in their patients' health care agenda. "The number one thing about practicing medicine is our relationship with our patients," says Doctor Roth. "What we do for treatment/therapy is secondary."

"Discuss the progress of your patient's alternative treatment," suggests Doctor Rygwelski. She also recommends that physicians set parameters when a patient tries a new treatment.

Physicians should research the particular alternative treatments before they recommend them, or give their opinion about them. And, most importantly, before referring patients to a practitioner, make sure the practitioner is not only accredited, but *board certified* to practice. To obtain this information physicians may contact the National Commission for the Association of Acupuncture and Oriental Medicine at (703) 548-9004.

Urge patients to ask the alternative practitioner the following questions:

- What qualifications do you have? Who certified you? May I see a copy of your certificate?
- What state license do you hold? May I see a copy?
- What's the diagnosis? What are you treating me for?
- How many other patients have you treated for this condition?
- What treatment will I receive? What will it cost?
- When should I expect to see a definite improvement? How long will it last?
- How will we know if treatment isn't working? When should we stop trying?
- Will you send a written report and periodic updates to my medical doctor?

(*This information is courtesy of* Medical Economics, September 22, 1997).

For physician who may have a difficult time accepting some of these therapies, many of which date back thousands of years, Doctor Rygwelski, suggests they look to our recent past when acceptable treatments of the day turned out to be harmful or ineffective. "As MDs there has been quite an arrogant assumption that what we know and practice is the only system that has validity," says Doctor Rygwelski. "[Our] system has only been in place for about 150 years."

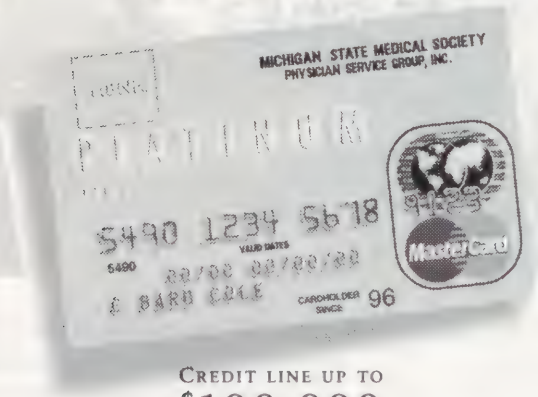
She adds that underlying many of the alternative therapies is the "self healing" principle. "One of the most important philosophical points that our current medical system has failed to recognize and value is the human body's incredible potential for self-healing."

With the world changing at lightening pace, it is incumbent upon the traditional medical community to keep pace with what its patients are using as alternative health care. But more than that, alternative health care practitioners say it's time to work together to create a more healthy world.

"In the best sense they should be used together as a complement to each other," says Doctor Madigan. ■

The author is an East Lansing-based freelance writer.

THE NEW STANDARD ISN'T GOLD.



CREDIT LINE UP TO
$100,000

Please mention priority code QVE8 when calling.

MBNA® *Platinum Plus* . . . the only card you'll ever need.

- No Annual Fee
- **5.9%** Fixed Introductory Annual Percentage Rate (APR) for cash advance checks and balance transfers†
- Priority Customer service—24 hours a day
- Credit line increase decisions in 15 minutes or less
- $1 million Travel Accident Insurance*
- Free Year-End Summary of Charges
- MBNA *Platinum Plus* Registry—card and document registry, emergency cash and airline tickets, and more
- Exclusive MBNA *Platinum Plus* fraud and privacy protection
- Free express delivery for card replacement
- Supplemental lost checked luggage protection—up to $3,000

MBNA®
PLATINUM PLUS
the new standard

Call 1-800-523-7666 to Request Yours Today!

† The Annual Percentage Rate (APR) for purchases and ATM and Bank cash advances made with the MBNA *Platinum Plus* card is 15.65%; for the Preferred Card, 16.15%; each APR may vary. The current promotional APR offer for cash advance checks and balance transfers made with either account is 5.9% through your first five statement closing dates, commencing the month after your account is opened. When your minimum monthly payment is not received by the close of the first complete billing cycle following its Payment Due Date, or when the promotional offer expires, whichever occurs first, your APR for both new and outstanding cash advance balances (consisting of cash advance check and balance transfer transactions) will be calculated using the Variable-Rate Information disclosures accompanying your card. The current indexed APR for cash advance checks and balance transfers is 15.65% for the MBNA *Platinum Plus* account, or 16.15% for the Preferred account; each APR may vary. Transaction fee for Bank and ATM cash advances: 2% of each cash advance (minimum $2). Transaction fee for credit card cash advance checks: 1% of each cash advance (minimum $2, maximum $10). Transaction fee for the purchase of wire transfers, money orders, bets, lottery tickets, and casino gaming chips: 2% of each such purchase (minimum $2). Cash advances and balance transfers may not be used to pay off or pay down any MBNA account. MBNA may allocate your monthly payments to your promotional APR balance(s) before your nonpromotional APR balance(s).

* Certain restrictions apply to this benefit and others described in the materials sent soon after your account is opened. Preferred Card Customer benefits differ. Year-End Summary of Charges is not available; maximum Common Carrier Travel Accident Insurance coverage is up to $400,000; and there are additional costs for Registry benefits. MasterCard is a federally registered service mark of MasterCard International Inc., used pursuant to license. MBNA is a federally registered service mark of MBNA America Bank, N.A.

MBNA America Bank, N.A., is the exclusive issuer and administrator of the *Platinum Plus* credit card program.

©1997 MBNA America Bank, N.A. ADG-NACL-5/97 ADG-5-3-97 PLM.HP.BW.NB

Michigan Opportunities Just A Click or Call Away!

Hundreds of Michigan practice opportunities. Confidential because you conduct the inquiry, there are no recruiters, costs, or pressure.

The Medical Opportunities In Michigan (MOM) service, a free, non-profit, centralized career database can now be accessed over the Internet or call MOM through our toll-free service line.

www.mimom.org
or call
1-800-479-1MOM

MOM Medical Opportunities in Michigan

MOM is a service of the non-profit Michigan Health Council, representing Michigan hospital and health care employers.

"Gearing Up" for Summer

Quick Tips and Biking Essentials

By Roy S. Goodman, MD

With any luck, at about the time this appears in print I'll be appearing on the street in my favorite part of my fitness program: bicycling. I don't claim to be an expert—my family thinks I'm Miguel Indurain because I can ride 20 miles at a time, and I think I'm Marco Pantani because I'm short, bald, and good on hills—but I've learned a fair amount in my last three years of riding. If you're an experienced rider you probably know at least as much as I do, but if you're a beginner—or beginning over after a long hiatus, as I did—then I have some suggestions for you.

Biking Essentials

Bicycle wear has come a long way since I used to travel the streets of Manhattan as a medical student and resident. Do you really need any of the specialized clothing that's now available? (One of the companies making bicycle wear is named "Specialized," but I am using the term as an adjective.)

You definitely need a helmet. People have sustained fatal head injuries falling off a bike from a standstill, and a helmet apparently does provide some protection. They all have to meet strict standards, so you probably don't have to buy the fanciest brand in the store, but you should be able to find a good helmet from a respectable manufacturer for about $50. The important thing is to find one that'll stay on your head—because the straps keep it there, and because it's comfortable enough for you to keep it on.

I like to wear a headband under my helmet; it feels better than hard plastic against my forehead, and it keeps some of the sweat out of my eyes and off my glasses. A plain athletic headband works fine, but the ones made especially for bicycling are smoother and to me more comfortable. I bought my helmet before I started wearing a headband and it still fits with one under it, but the next time I buy a helmet—and that should be pretty soon, as apparently the plastic deteriorates with sun exposure—I'll wear a headband when I try helmets for size.

The Proper Attire

Probably the most distinctive bicycling garment are shorts. I thought they were a bit much at first, but I've learned that they're much more practical than other types of clothes. They provide comfortable compression for your thighs, they reduce friction against the saddle, and the padding absorbs some of the pounding to your perineum. Bike shorts, even the unpadded ones, also lack the raised central seam found in most men's briefs; you certainly don't want that seam between you and the seat for more than a few minutes. If you're reticent about appearing in public wearing skin- tight lycra shorts with a padded crotch, you can buy bike briefs and wear them under baggy shorts. But be careful—I have caught the leg of my shorts on the saddle a few times.

Do you need bike gloves? They're so inexpensive that you hardly can afford not to try. The padded palms provide some cushioning, and the terry-cloth thumbs are good for wiping sweat off your face. Best of all, most gloves have an open back so you get a truly peculiar tan on your hands.

Even with the padded shorts and the padded gloves, it's not very ergonomic to rest your full weight on your palms and your perineum. Leaning forward and holding your head up makes it even worse. Many people can take long rides in comfort, but I couldn't. Recently I recently a recumbent bicycle, which is designed so that the rider sits in a somewhat reclined



position close to the ground with his/her feel forward. It finally arrived in late Fall and I've barely had it out on the road; I hope to say more about it as I ride it.

Bike jerseys are certainly a very conspicuous item of apparel. I find them "cooler" than a t-shirt but not especially cooler, and a t-shirt is handier for wiping your face. The pockets at the back of a jersey are handy, but you have to be careful; I once lost my map out of a jersey pocket and rode 26 miles through unfamiliar territory from memory. I have a small collection of jerseys, and I tend to wear them.

There's even specialized footwear for cyclists. I'm just as comfortable in cotton crew socks as in the low bicycle socks. To me, the main advantage of the latter is that they show off the scar on my shin (caused by stumbling over a paint can in a blackout, not by a bicycle mishap.) Shoes are another matter. Most pedals have narrow edges, and if you wear soft-soled tennis sneakers you'll feel those edges every time you press down. I used to wear old oxfords just for the hard sole (a truly great look) but bicycle shoes are a much better idea. The hard sole distributes the pressure over a wide area, and they even have velcro closures so you don't get your shoelaces caught in the chain. Bike shoes are designed to work with clipless pedals (a cleat on the bottom of the shoe clicks into the pedal) but you can get cleats to fit a regular pedal. I have clipless pedals, and I like them.

Equipment Essentials

Bike shoes are part garment, part equipment. What other equipment do you need?

If you don't have water bottle cages installed, install them. On a hot day I can easily go through two 20-ounce bottles of water in fifteen miles, and if my bike had mounting points for a third cage I'd add it.

Sometimes I'm less than thrilled with the way my "computer"—the combination speedometer-odometer-stopwatch on my handlebars—pushes me to go a little farther and a little faster, but overall I find it helpful. Only a few computers measure your cadence (pedal r.p.m.), but I'd seek one out. In general, you want to be riding at a cadence of 80 to 100, and a readout on your computer can help you train yourself to maintain the proper rhythm.

One piece of equipment that you don't need is a kickstand. I was taken aback when I got my Cannondale and discovered that there are no kickstands to fit its distinctive "fat" aluminum tubes, but now I don't miss the kickstand at all.

You'll probably want a bag, most likely to fit under your seat. The one I have now barely holds my beeper and my keys; I plan to get a bigger one for the recumbent so I can add a cellular phone and enough goodies to get me back on the road if I get a flat tire. So far I've been lucky at preventing flats by adding "slime" to my tubes, but I'll feel safer carrying a spare tube, a pump, and tire levers. Consider carrying a pair of examining gloves so that if you throw your chain and you have to put it back on the chain rings you don't get indelible grease all over your hands.

I find a trainer very helpful. When the weather isn't cooperating (and in Michigan that's a lot of the time) I just put my bike up on the trainer, put a tape in the VCR, and pound out my twelve miles or so. Riding on a trainer is also an excellent way to practice clicking in and out of your new clipless pedals.

And those are the easy add-ons, the ones that I think are almost essential for a pleasant ride. Bicycle technology is fascinating, and for serious students of cycling there are any number of expensive components available! ■

The author is Clarkston-based otolaryngologist.

Marshall Brown, MD

Bringing Care to Guatemala

By Donna Kondek

Medical equipment that is obsolete to a physician in the United States may be considered "a thing of beauty" to a counterpart in a Third World country. So declares Marshall Brown, MD, an otolaryngologist from Saginaw. Retired—in theory—since 1994, he has devoted much of his time to gathering donations of unused and outdated medical equipment for a hospital near Guatemala City, Guatemala. In addition, he has seen that the donated supplies are refurbished and get to where they're needed—sometimes flying the supplies there himself.

"They're good doctors. The care, however, is limited due to the lack of equipment and doctors with subspecialty training."
Marshall Brown, MD

Before retirement, he considered doing volunteer medical work in southern Mexico but gave up that idea because of political strife in Mexico. Later, Doctor Brown met a visiting Guatemalan priest at his church, who invited him to that country. Doctor Brown decided that getting involved with the Guatemalan hospital was more practical.

"This hospital provides good basic health care with a staff of locally trained doctors and paramedical personnel," Doctor Brown explains. "They're good doctors. The care, however, is limited due to the lack of equipment and doctors with subspecialty training."

"I wanted to go there and practice as an ear-nose-throat (ENT) specialist but had to arrange to take my own equipment because the hospital didn't have what I needed." Touring the hospital, he found it "sorely lacking in all sorts of things."

How Donations Fill Huge Needs

"I had an X-ray machine that was much better than the older one they had," he recounts. "So when I closed my office, I shipped that down." He also shipped a central vacuum machine, operating table, and instruments, and an ultrasound machine donated by another physician. "They were just ecstatic with the equipment I sent," he reports.

Doctor Brown has gathered enough supplies to completely equip an ENT clinic for the hospital. He also is a private pilot who owns a twin-engine Piper Aztec, and plans to fly the last shipment down in May or June. He eventually wants to establish a multispecialty clinic so that other physicians have an interest in volunteering would have everything they need to practice their specialties.

Non-denominational El Milagro Hospital serves a population of about 100,000, according to Doctor Brown. "Most of them work hard all day long just to earn enough money to put food on the table," he remarks. "They live in houses you and I would not want to live in. There's no such thing as health insurance."

Some problems treated routinely in the United States "go untreated there for want of a doctor to provide the care or the money to pay for it," he says.



(left to right) Mel Diffin, Doctor Brown's copilot and friend, Doctora Luz Avila, a Guatemalan-trained pediatrition, and Doctor Marshall Brown.



A volunteer treats an emergency room patient with a mouth injury.

To get donated materials down to Guatemala, Doctor Brown often ships them at his own cost over land and by boat to Guatemala City. Other times, he flies his plane and carries medicines and instruments with him. He flies for 10 hours from Saginaw to Brownsville, Texas, a border city on the Gulf. It takes another seven hours to get to Guatemala.

Working Around the Obstacles

Doctor Brown has become well-versed in how to deal with bureaucracy—filling out the correct forms, getting items into the country with minimal taxation, and obtaining tax deductions for donors. He's learned to work through tax-exempt U.S. organizations in order to maximize tax advantages. "A lot of it I can't deduct, but it's just something my wife and I decided we want to do," he admits.

One huge complication has been the Guatemalan government, which wants to tax donated medicines, equipment, or instruments, and whose officials need convincing that he will not re-sell these supplies. "That's laughable, because no one there has the money to buy it," he asserts.

Another dilemma is posed by Mexican customs officials. When Doctor Brown stops in Mexico just to refuel, some look at the items he has on board and want him to pay a "tax" just to allow the goods through their country. Once they wanted so much money, he recounts, he said "the hell with that," flew back to the United States, and shipped the goods down instead.

continued on next page

"It's rewarding to be able to put the hospital and the doctors in a position where they provide much better care, and to do it with stuff that we're going to throw away in this country anyway."

Marshall Brown, MD

continued from previous page



The only operating room sterilizer at the hospital—an ancient model.



A small portable suction machine, which is also the only suction machine in the hospital.

Doctor Brown welcomes inquiries from physicians who might have equipment to donate. He can be reached at (517) 793-6167 or at 5224.3655@compuserv.com.

When in Guatemala, Doctor Brown stays at the priest's parish house, but he is not sponsored by any organization or church. Many religions sponsor doctors and provide medical care to the poor in order to proselytize, "but that's not why I do it," he emphasizes.

Being Realistic about the Conditions

Most of the doctors he's talked to about his volunteer work are envious. "But I caution them—it's not as glamorous as you might think, from what we see in the movies."

"The living and working conditions are usually well below U.S. standards, especially when you're working with the very poor. I think it's a good idea for doctors who are interested in working as volunteers in an underdeveloped country to first visit there and sample the lifestyle before making a commitment. Some people are totally turned off by Third World conditions."

People also ask him whether the country is dangerous; the State Department has issued travel advisories. "I'm not saying things don't happen to people there, but haven't had any trouble," he discloses. His wife Geraldine has accompanied him on most trips to date, and his three children have all been there too.

"I feel like I'm a doctor again down there," he notes. "You're helping people out, and it kind of fits into my religion, too. It's rewarding to be able to put the hospital and the doctors in a position where they provide much better care, and to do it with stuff that we're going to throw away in this country anyway."

Doctor Brown welcomes inquiries from physicians who might have equipment to donate. He can be reached at (517) 793-6167 or at 5224.3655@compuserve.com. Especially needed are a colonoscope, ob/gyn instruments, an electric sterilizer, a 1-hp dental compressor, other dental instruments, and wall suction regulators.

"I'm willing to go anywhere in the state to pick up equipment, by driving or flying," he points out. "And I can provide photographs to satisfy donors that the equipment is put to good use." ■

The author is a Haslett-based freelance writer.



"Before subscribing to the MSMS health insurance plan, we had no one to talk to regarding our insurance problems. MSMS handles things immediately. They keep us updated on our coverage and what is available and affordable. The worry is taken out of our hands."

— Jerrold M. Weiss, MD
and Ethel Anthony
Ingham Radiology

CALL 1-800-748-0195

Michigan State Medical Society
GROUP INSURANCE TRUST

The MSMS Group Insurance Trust offers a wide variety of insurance products and services to help physicians take care of themselves, their families and their employees.

Products include Traditional Health Insurance ✦ PPO ✦ HMO ✦ Dental Insurance ✦ Programs designed for all types of practices

Contact me with information on ☐ Health Insurance ☐ Dental Insurance

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____ e-mail _____

Best time to contact me: Day _____ Time _____ AM PM

Mail to: MSMS GIT, PO Box 950, East Lansing, MI 48826-0950
Phone to: 1-800-748-0195
Fax to: 517-337-2590
E-mail to: ***gitservice@msms.org***

MSMS MEETINGS

July

8, MPMLC Physician Risk Management Educational Seminar: "Frequently Asked Questions II"—1998 Office Staff Program. Location: Livonia, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

8, MPMLC Physician Risk Management Educational Seminar: "Risky Records/Risky Business"—1998 Office Staff Program. Location: Livonia, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

16-19. MSMS Midsummer Board Meeting. Location: Shanty Creek, Bellaire, MI. Contact: Irene Frost at (517) 336-5734.

22, MPMLC Physician Risk Management Educational Seminar: "Frequently Asked Questions II"—1998 Office Staff Program. Location: Escanaba, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

22, MPMLC Physician Risk Management Educational Seminar: "Risky Records/Risky Business"—1998 Office Staff Program. Location: Marquette, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

August

12, MPMLC Physician Risk Management Educational Seminar: "Frequently Asked Questions II"—1998 Office Staff Program. Location: Traverse City, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

12, MPMLC Physician Risk Management Educational Seminar: "Risky Records/Risky Business"—1998 Office Staff Program. Location: Traverse City, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

19, MSMS Bioethics Committee. Location: MSMS Headquarters, East Lansing, MI, 3:00-5:00 p.m. Contact: Dave Fox at (517) 336-5731.

September

8, MSMS/MPMLC Making the Rounds. Location: Gratiot Community Hospital, Alma, MI. Contact: Tom Plasman at (517) 351-0041 ext. 606; or tplasman@mpmlc.com.

10, MSMS/MPMLC Making the Rounds. Location: Northern Michigan Physician, Traverse City, MI Contact: Tom Plasman at (517) 351-0041 ext. 606; or tplasman@mpmlc.com.

10, MPMLC Physician Risk Management Educational Seminar: "Update 2000." Location: TBA, Troy, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

10, MSMS Committee on CME Accreditation. Location: MSMS Headquarters, East Lansing, MI. Contact: Sarah Cressman at MSMS at (517) 336-5727.

15, MSMS/MPMLC Offers: "Closed Claim Review, MSMS Style." Location: Park Place Hotel, Traverse City, MI. Contact: Peggy Galloway at MSMS at (517) 336-5729.

16, MSMS/MPMLC Offers: "Closed Claim Review, MSMS Style." Location: Holiday Inn, Ludington, MI. Contact: Peggy Galloway at MSMS at (517) 336-5729.

16, MPMLC Physician Risk Management Educational Seminar: "Just What Do They Expect?" Location: TBA, Pontiac, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

16, MSMS Board of Directors Meeting. Location: MSMS Headquarters, East Lansing, MI. Contact: Irene Frost at MSMS at (517) 336-5734.

22, MPMLC Physician Risk Management Educational Seminar: "The Miasma of Medication." Location: TBA, Benton Harbor, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

22, MSMS/MPMLC Offers: "Closed Claim Review, MSMS Style." Location: Mercy General Hospital, Muskegon, MI. Contact: Peggy Galloway at MSMS at (517) 336-5729.

23, MSMS Committee on CME Accreditation. Location: MSMS Headquarters, East Lansing, MI. Contact: Sarah Cressman at MSMS at (517) 336-5727.

24, MPMLC Physician Risk Management Educational Seminar: "The Miasma of Medication." Location: TBA, Warren, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

29, MPMLC Physician Risk Management Educational Seminar: "Profiles of the Impossible Patient." Location: TBA, Bay City, MI. Contact: Eileen Kozchik at MPMLC at (800) 748-0465.

MICHIGAN SPECIALTY SOCIETY MEETINGS

July

21-24, Michigan Association of Health Plan's 13th Annual Summer Conference. Location: Boyne Highlands, Boyne, MI. Contact: Michigan Association of Health Plans.

August

7, Michigan Society of Respiratory Care. Location: MSMS Headquarters, Dining Room, East Lansing, MI, 9:30 a.m.-3:00 p.m. Contact: Caroline Kimmel at MSMS at (517) 336-7587.

7, Michigan Society of Respiratory Care—Diagnostic Section Meeting. Location: MSMS Headquarters, Johnson Room, East Lansing, MI, 1:00 p.m.- 4:00 p.m. Contact: Caroline Kimmel at MSMS at (517) 336-7587. ■

Michigan State Medical Society

133rd ANNUAL SCIENTIFIC MEETING

October 28, 29 & 30, 1998
Ritz-Carlton, Dearborn



For meeting, patron or special events information, contact Brenda Menzies at MSMS at 517-336-7580 or bmenzies@msms.org.

The 1998 MSMS Annual Scientific Meeting is October 28, 29 and 30, 1998 at the Ritz-Carlton in Dearborn.
Course titles this year include:

- Acute, Chronic, and Terminal Pain Management
- Update: Infectious Disease
- Changing Paradigms in Peer Review: How Will They Affect Your Practice?
- Bleeding Disorders in Women – Recognition and Management
- Allergic Rhinosinusitis and Asthma
- The Growing Use of Alternative Medicine

NEWSMAKERS

Frank N. Bevers, MD, was recently elected to the Board of Directors of the Detroit-Macomb Hospital Corporation. Doctor Bevers is an anatomical and clinical pathologist with interest in surgical pathology and clinical chemistry. He is also a diplomat of the American Board of Pathology.

Charles Ebner, MD, on staff at Macomb Hospital Center and



Michael Wood, MD, (pictured) chief of surgery at Detroit Riverview Hospital, were re-elected to the Board of Directors of the Detroit-Macomb Hospital Corporation.

Michael J. McGill, PhD, MD, was appointed chief information officer of Henry Ford Health System. Doctor McGill previously served as the chief information officer at the University of Michigan Medical Center.

David E. Hunt, MD, of Owosso, recently received a three-year appointment as Cancer Liaison Physician for the Hospital Cancer Program at Memorial Healthcare Center in Chicago. Doctor Hunt is among a national network of over 2,000 volunteer Cancer Liaison Physicians who provide leadership and support to the Approvals Program, and other Commission on Cancer activities.

Woodrow A. Myers Jr., MD, an internist from Dearborn, and **Park Weed Willis III, MD,** an internist from East Lansing, recently were bestowed the honorable title of "master" from the American College of Physicians (ACP). The ACP presented these new titles at its April 2 convocation ceremony at the San Diego Convention Center during its 79th Annual Session. Master is the highest level of membership in the ACP.

J. C. DiMusto, MD, was elected chair of the Department of



Obstretics and Gynecology at St. Joseph Macomb Hospital. Doctor DiMusto has been a member of St. Joseph's staff since 1974. He currently chairs the Cervical Cancer Group of the Cancer Blue Ribbon Panel of "Creating a Healthier Macomb."

Max McKinney, DO, a Farmington Hills family practitioner, recently was



named "Alumnus of the Year" by the College of Osteopathic Medicine and Surgery National Alumni Association. Doctor McKinney is also president of the Michigan Osteopathic Association and on the board of directors for Blue Cross Blue Shield of Michigan.

NEW MEMBERS

Members of the Michigan State Medical Society join in welcoming the following new members into a progressive state medical organization. MSMS is dedicated to promoting the science and art of medicine, the protection of the public health, and the betterment of the medical profession. Each new member is encouraged to join other MSMS members at both local and state levels in achieving these goals.

Jyotsna Arora, MD, *Bronson*
Susan G. Blitz, MD, *Ann Arbor*
Ronald Chavez, MD, *Grand Rapids*
Prabhjeet K. Chhatwal, MD, *Livonia*
Rakesh S.Chokshi, MD, *Saginaw*
Christopher Y. Chow, MD, *Farmington Hills*
Maria DeLeon, MD, *Pigeon*
Frank M. DeTorres, MD, *Muskegon*
Virginia Delaney-Black, MD, *Detroit*
Todd Emery, MD, Grand Rapids
Kevin J. Everett, MD, *Royal Oak*
Beverly J. Fauman, MD, *Ann Arbor*
Thomas Getz, MD, *Grand Rapids*
Lisa B. Grant, MD, *Royal Oak*
Rafia Haque, MD, *Allen Park*
Michael J. Harmeling, MD, *Grand Rapids*
Hector W. Ho, MD, *Grand Blanc*
Lonnie Joe, MD, *Southfield*
Steven J. Kasten, MD, *Ann Arbor*
Nasir A. Khan, MD, *Grand Rapids*
Rajul Malik, MD, *Colon*
Amy L. Manley, MD, *Grand Rapids*
Quentin McMullen, MD, *Ann Arbor*
Molly McMullen-Laird, MD, *Ann Arbor*
Christine M. Meyer, MD, *Waterford*
Christine M. Meyer, DO, *Grand Rapids*

Glenn J. Minster, MD, *Detroit*
Sujatha Prasad, MD, *Monroe*
Vikram G. Rao, MD, *Flint*
Michael J. Sammarco, MD, *Tecumseh*
Paul Schneider, MD, *Pigeon*
Cindi K. Smith, MD, *Grand Rapids*
Eric Todd, MD, *Troy*
Christopher D. Wassink, MD, *Grand Rapids*
Andrea L. Wendling, MD, *Kentwood*

OBITUARIES

Thomas H. Cobb, MD, died on December 3, 1997. He was 93. Doctor Cobb was a graduate of the University of Michigan Medical School. He practiced internal medicine in Pontiac. Doctor Cobb was a member of the Oakland County Medical Society and MSMS.

John P. Kane, MD, died on December 18, 1997. He was 60. Doctor Kane graduated from Wayne State School of Medicine. He served in the U.S. Army from 1951-53. He was a member of Nu Sigma Nu, the Detroit Opthalmological Society, Wayne County Medical Society and MSMS.

Olin L. Lepard, MD, died in 1995. He was 85. Doctor Lepard was a graduate of the University of Michigan Medical School. He was a general pracitioner at Sturgis Memorial Hospital. Doctor Lepard was in the National Guard. He also served as President of St. Joseph County Medical Society, and was a member of the Chamber of Commer, Kiwanis Club, and MSMS.

John G. Lipski, MD, died on August 8, 1997. He was 83. Doctor Lipski was a graduate of the University of Edinburgh Medical College. He was on staff as a general practitioner at Rogers City General Hospital and Alpena General Hospital. He was a member of the Chamber of Commerce, Knights of Columbus, Shiawassee County Medical Society, and MSMS.

Adolph W. Suksta, MD, died on January 24, 1998. He was 80. A graduate of Johns Hopkins University School of Medicine, Doctor Suksta practiced in Mt. Clemens. He was a member of the American Academy of General Practitioners, the American Society of Clinical Hypnosis, the Macomb County Medical Society, and MSMS.

Ratnaker Kini, MD, died on March 4, 1998. He was 62. He graduated form Kasturba Medical College in S. India. Doctor Kini practiced pediatrics in West Bloomfield. He also served as the Detroit Metro Pediatrics Society President. He was a member of the Wayne County Medical Society and MSMS.

Beverly C. Payne, MD, died on March 1, 1998. He was 77. Doctor Payne graduated form the University of Texas Medical School. He practiced internal medicine in Ann Arbor. He was a member of the Michigan Allergy Society, the American Academy of Allergy, American College Physicians, Washtenaw County Medical Society, and MSMS.

John C. Shelton, MD, died on March 8, 1998. He was 69. Doctor Shelton graduated from the University of Michigan Medical School, and served in the U.S. Army from 1956-58. He was a member of the Washtenaw County Medical Society and MSMS.

Fred W. VanDahm, MD, died on March 14, 1998. He was 45. Doctor VanDahm graduated from the University of Illinois Medical School and was a pediatrician in Grand Rapids. He was a member of the Western Michigan Pediatric Society and MSMS.

Glenn R. VanNoord, MD, died March 15, 1998. He was 51. A graduate of Wayne State School of Medicine, Doctor Noord was a family practitioner in Grand Rapids. He was a member of the Kent County Medical Society and MSMS. ■

For up-to-date information on MSMS services and programs, try our Fax-on-Demand service. Call (202) 289-0799 to access. (Choose document #10 for a menu of documents.)

Michigan Medicine carries a list each month of opportunities in Michigan for doctors to obtain Category I credits toward meeting the requirements of Michigan law. Sponsors of Category I programs and courses in Michigan are invited to submit information for the monthly calendar. Each listing below, of programs that carry at least four hours of Category I credit, indicates a contact person so the physician can obtain information. Physicians with questions about accredited programs may phone MSMS headquarters at (517) 337-1351.

July

9-11, Managing Respiratory Diseases. Location: Chateau Lake Louise, Lake Louise, Canada. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

10-12, 23rd Mackinac Island Course: Advances in the Management of Infectious Diseases. Location: Grand Hotel, Mackinac Island, MI. **Contact:** Joyce Robertson, Towsley Center of Continuing Medical Education, Department of Postgraduate Medicine and Health Professions Education, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (800) 800-0666. **Approved for:** TBA

12-15, Michigan Academy of Plastic Surgeons meeting. Location: Grand Hotel Convention Center, Mackinaw Island. **Contact:** Brad Bengtson, MD or Joanie Hodson, Plastic Surgery Associates, 220 Lyon St., NW, Grand Rapids, MI 49503;(616) 451-4500. **Registration fee:** Physicians, $200.00; Residents, $100.00. **Approved for:** 11 Category 1 credits

17-19, Dermatology for the Non-Dermatologist. Location: Grand Hotel, Mackinac Island, MI. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

17-19, Neurology for the Non-Neurologist. Location: Tara Hyannis, Cape Cod, MA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

17-19, Arrythmias: Interpretation, Diagnosis & Management. Location: Sagamore Resort, Lake George, NY. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

23-25, Coronary Heart Disease Update. Location: Hyatt Regency, Vancouver, Canada. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

24, 25, Annual Coller Penberthy Thirlby Medical Conference. Location: Park Place Hotel, Traverse City, MI. **Contact:** Paula Parshall, Continuing Medical Education, Munson Medical Center, 1105 Sixth Street, Traverse City, MI, 49684-2386, (616) 935-6546. **Approved for:** 9-12 Category 1 credits.

24-26, Coronary Heart Disease Update. Location: Hyatt Regency, Lake Tahoe, NV. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

29-31, 4th Annual May Multidisciplinary Symposium on Platelets, Blood Vessel and Extracorporeal Medicine. Location: Mayo Foundation, Rochester, Minnesota. **Contact:** Registrars, Mayo Foundation, Mayo School of Continuing Medical Education, 200 First Street SW, Rochester, MN 55905; fax (507) 284-0532.

31-August 2, Endoscopic Sinus Surgery. Location: Towsley Center, Ann Arbor, MI. **Contact:** Joyce Robertson, Towsley Center of Continuing Medical Education, Department of Postgraduate Medicine and Health Professions Education, University of Michigan Medical School, P.O. Box 1157, Ann Arbor, MI 48106-1157, Phone (800) 800-0666. **Approved for:** TBA

31-August 2, Coronary Heart Disease Update. Location: Monterey Plaza, Monterey, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

31-August 2, Neurology for the Non-Neurologist. Location: Tenaya Lodge, Yosemite, CA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

31-August 2, Coronary Heart Disease Update. Location: Ft. Magruder Inn, Williamsburg, VA. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

August

6-8, Arrythmias: Interpretation, Diagnosis & Management. Location: Lake Louise Canada, Chateau Lake Louise. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits.

6-8, Dermatology for the Non-Dermatologist. Location: Loews Le Concorde, Quebec, Canada. **Contact:** Linda Main, Meetings Coordinator, Medical Education Resources, 1500 West Canal Court, Suite 500, Littleton, CO 80120-4569; (800) 421-3756; or fax (303) 798-5731. **Approved for:** 11 Category 1 credits. ■

URGENT CARE, ENT, OB/GYN, DERMATOLOGIST

There are immediate openings at Brainerd Medical Center for the following specialties: Urgent Care, Ear, Nose and Throat, and Dermatology.

Brainerd Medical Center, P.A.

- 36 Physician independent multi-specialty group
- Located in a primary service area of 40,000 people
- Almost 100% fee-for-service
- Excellent fringe benefits
- Competitive compensation
- Exceptional services available at 162 bed local hospital, St. Joseph's Medical Center

Brainerd, Minnesota

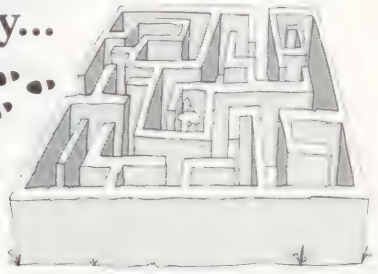
- Surrounded by the premier lakes of Minnesota
- Located in central Minnesota less than 2.5 hours from the Twin Cities, Duluth and Fargo
- Large, very progressive school district
- Great community for families

BMC

Call collect to Administrator:
Curt Nielsen
(218) 828-7105
or (218) 829-4901
2024 South 6th Street
Brainerd, MN 56401

Brainerd Medical Center, P.A.

Let your search for a reliable, high quality Locum Tenens Company...



Lead you to

DAVIS SMITH
SINCE 1946

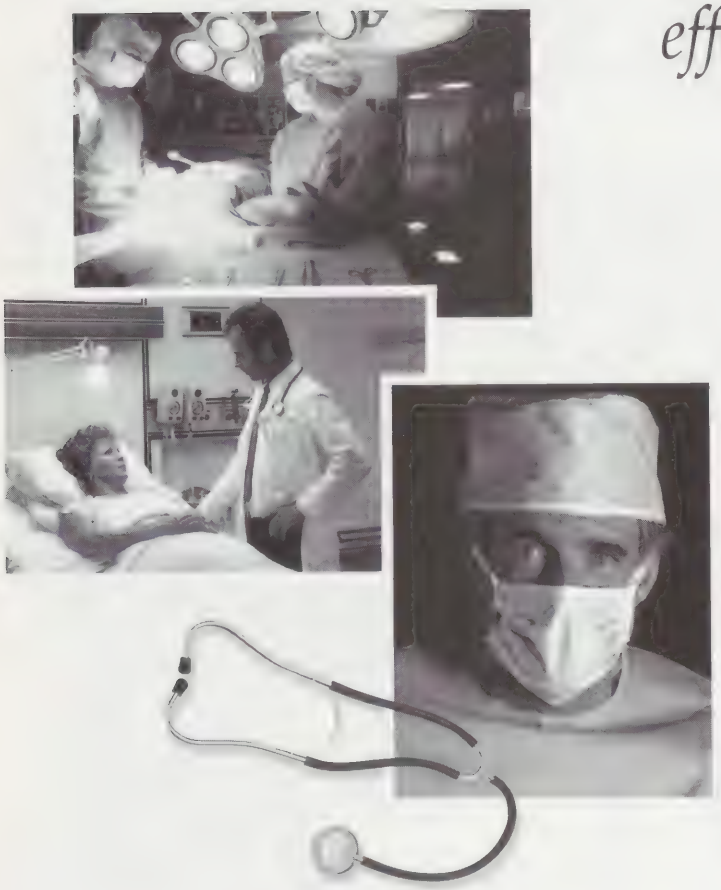
Davis-Smith has been a leader in healthcare staffing in the Midwest since 1946. Put our 51 years of experience to work for you. We offer high quality physician coverage at an affordable price. We are a family owned and operated company dedicated to exceeding your expectations. We cover all specialties and provide the best occurrence malpractice insurance.

(800) 541-4672 or (810) 354-4100

Our ability to meet
your growing needs
has made

Meadowbrook

Michigan's most
effective liability
insurer.



You're a healer, a protector who provides a lifetime of care for your patients. But who is protecting you?

At Meadowbrook we'll develop a unique liability plan for you that is both affordable and flexible. This includes customized coverage to meet your growing demands in the ever changing health care profession.

It's called the Meadowbrook Way.

And as your practice grows to include a broader scope of healthcare services, you'll feel secure knowing that our Claim Prevention Service and Claims Counsel are available to answer any questions. Offering legal consultation to help your team understand their growing responsibility for their patients, we'll work with you to help prevent possible problems along the way.

Let us put our medical claims knowledge and experience to work for you. We'll keep you protected so you can provide the quality care your patients deserve, and will grow to expect.

STAR
INSURANCE
COMPANY

MEADOWBROOK®
INSURANCE GROUP
The Alternatives People.®

MIG
Listed
NYSE

Call Meadowbrook 1-800-482-2726: Ask for John Payne • www.meadowbrookinsgrp.com
Products and services provided by Star Insurance Co., Savers Property & Casualty Insurance Co. and other operating subsidiaries. Star and Savers are rated A- (Excellent) by A.M. Best.

New MSMS Member Benefit



Now members of the Michigan State Medical Society can take advantage of exclusive savings on overnight deliveries from UPS. That's because UPS has developed a special savings program on air express deliveries just for Michigan State Medical Society members. You save up to 35% over what other companies charge. All backed by UPS, the world leader in on-time deliveries to more than 200 countries and Puerto Rico, with guaranteed 10:30 AM delivery across the U.S.**

Plus, with UPS Total Track,[sm] our exclusive, nationwide cellular tracking system, you can find the status of your air express document or package at any time. We can even confirm delivery in seconds, and only UPS captures the recipient's actual signature electronically, providing absolute confirmation of delivery.

Overnight savings from UPS. For members only, guaranteed.

To sign up for this savings program, call 1-800-325-7000. Please reference special discount #C0000700458.

UPS®

MICHIGAN STATE MEDICAL SOCIETY
the Voice of 12,000 Michigan Physicians

*Drop box applicable within the 48 contigious states. Alaska and Hawaii customers should refer to Air Service Guide for service availability. Discounts apply to published letter and multi zone rates in effect at time of shipment.
**See Air Service Guide for guarantee and time-in-transit details. © 1997 United Parcel Service of America, Inc.

Michigan Clinic for TMJ/Facial Pain

Management of Temporomandibular Disorders Chronic Facial Pain, and Snoring Relief

- Conservative, Non-Surgical Management for the Jaw Joint Diseases (TMJ).
- Management for Headaches Related to TMJ.
- Management for Chronic Orofacial Pain.
- Management for Snoring With The Use of Oral Appliance(s).

At The Michigan Clinic for TMJ And Facial Pain We Utilize:

- The Most Advanced Computerized Tomography Imaging.
- Computerized Study to Detect Jaw Joint Sounds.
- We Participate With Various Insurance Plans.

Ghabi A. Kaspo, DDS

Diplomate, American Academy Of Orafacial Pain
American Pain Society
American Association For the Study of Headache
Michigan Sleep Disorders Association

Michigan Clinic for TMJ/Facial Pain

2959 Crooks Road, Suite 7
Troy, MI 48084
Office (248) 649-6610 Fax (248) 649-1605

COLONIAL VALLEY SOFTWARE, INC.

MEDICAL SYSTEMS

presents

Lectronic Pegboard

The first choice in computer systems for the medical practice.
First in Service & Support



"If you don't have service, you don't have a system."

Transmitting to more payers, cost free, than any other Computer System in Michigan!

Complete Turnkey Systems include:

- All Equipment
- All Software
- Onsite Training
- One Year Warranty & Maintenance
- Price starts below $10,000

Let Colonial Valley Software, Inc. provide you with high-tech solutions and give you old-fashioned service.

1-800-359-1002 or (810) 733-6070

3398 S. Dye Road, Flint, MI 48507

For Special Patients... Customized Care

DIPLOMAT PHARMACY

OFFERS

"CUSTOMIZED MEDICATIONS"

We work with physicians in many fields including:

UROLOGY
- penile injectables and tri-mix
- interstitial cystitis treatments
- urethral inserts

ONCOLOGY
- pain management
- hard to find chemo agents
- customized strengths

FERTILITY
- progesterone products (all forms)
- complete fertility supplies for all regiments

HORMONE REPLACEMENT THERAPY
- progesterone, tri estrogen, testosterone and combination products
- oral, sublingual, transdermal

CHRONIC FATIGUE
- co enzyme Q 10
- DHEA - oral and transdermal
- customized vitamin injections

NEUROLOGY AND HEADPAIN
- ergotamine compounds
- customized formulas and combinations
- nasal sprays, sublingual, suppositories (including discontinued and unavailable products)

ALLERGISTS
- specialty compounding for patients allergic to dyes and fillers
- nasal irrigations

DERMATOLOGY
- all formulas and combinations

COMPOUNDING SPECIALIST

DIPLOMAT PHARMACY

CUSTOMIZED MEDICATIONS

G-3426 Flushing Rd. • Flint, MI 48504 • 810-732-8720

TOLL FREE
800-722-8720

FAX 810-732-2580

MAILING SERVICE AVAILABLE FOR PATIENTS THROUGHOUT MICHIGAN

QUANTUM LEAP℠
AUDIO VIDEO, LTD.

"Ultimate and High-End Home Entertainment Systems"

Michigan's 1st and only Audio Video source owned and operated by a Medical Doctor.

(MSMS Member since 1985)

(517) 337-8362
Fax (517) 351-3508

Exclusively by Appointment.

Staff Care Gets You There – And Back

Charting a new career course doesn't have to feel like re-discovering the New World. **Staff Care** will serve as your guide to explore the adventurous realms of LOCUM TENENS. Travel, licensure and *occurrence* malpractice insurance are inclusive in our total package designed to give you nationwide opportunities.

For more information about our **LOCUM TENENS** call:

800.685.2272
Midwest & Eastern Destinations

800.211.4971
Western Destinations

Staff Care INC.
The Leader in Locum Tenens Staffing

www.locumsnet.com

UNABLE TO PLACE J-1 OR H-1 PHYSICIANS

Physicians Leasing Company, Inc.

Lease or purchase program

(Another Excellent MSMS Member Benefit Program)

Fleet Pricing - Leasing/buying through PLC assures you of receiving all available rebates and incentives - retail, dealer and fleet.

Delivery - No longer do you have to take time out to take delivery of your new vehicle. PLC brings it right to you, either at the office or at home.

Shopping - With our fleet connections we do the shopping for you. PLC experts will find the lowest available price for that special car you want.

Financing - PLC can take care of it all, purchase, lease, First Time Buyer, and Intern Financing, at the lowest rates available.

Trade-Ins - Yes, PLC will even take in your old car. We will do it all by phone to save you the headaches.

Used cars - Looking for a second car? A car for the kids? Give PLC a call; we always offer a fresh supply of good clean trade-ins.

Contact our staff today!

The important first step on the way to your next car!



(800)759-8880

An Endorsement You Can Trust.

MICHIGAN STATE MEDICAL SOCIETY

Delta Dental Plan of Michigan



Open Enrollment Month
June 1 - 30, 1998

As a member, you're eligible

Affordable dental insurance is not widely available to individuals or small groups, but MSMS members have the unique advantage of being eligible to choose Delta Dental for themselves and their employees.



Enroll now!

Annually, during the month of June, MSMS opens its Delta Dental Plan of Michigan program to individual subscribers. This is your invitation to join over 5,000 MSMS member physicians, their families and employees who currently have dental coverage through the MSMS Delta Dental program. **In fact, MSMS was the first association to sponsor Delta Dental Plan of Michigan as an exclusive member program.**

As a member,
affordable dental insurance
is available to you, your family, employees and small groups

Please send information about the Michigan State Medical Society's Dental Plan

Name _____

Address _____

City/State/Zip _____

Telephone (____) _____ Fax _____

Email _____

Mail to: Michigan State Medical Society
Group Insurance Trust
PO Box 950
East Lansing, MI 48826-0950

Fax to: 517-337-2590
Phone: 1-800-748-0195
Email: gitservice@msms.org

Would you like to place and ad? The rate of classified advertising in Michigan Medicine is $1.00 per word , with a minimum charge of $50.00. Copy for classified advertisements should be received no later than the first of the month preceding the month of publication. To place an ad, contact Kristen Lare (517) 336-5747 or fax (517) 336-5797.

POSITIONS OPEN

Medical Director, Detroit, Michigan. St. Mary Hospital in nearby Livonia is seeking a physician executive to transition into the VPMA role upon the incumbentís retirement in early 1999. Focus will be on quality initiatives and medical staff strategic plan development. Successful candidates will have private practice experience and some exposure to administrative leadership at the Department Head level. Ideal position for mature physician seeking first full-time executive role. For additional information, please contact Christine Mackey-Ross, RN, at Witt/Kieffer, Ford, Hadelman & Lloyd at (314) 862-1370, or by mail at 8000 Maryland Ave., Ste. 1080, St. Louis, MO 63105, or by fax with cover at (314) 727-5662.

Executive Medical Director, Rehabilitation. Chicago, Illinois. Rehabilitation Institute of Chicago and Loyola University Health System have formed a joint venture LLC to initiate and expand rehab service lines across the continuum of care to service the high growth western suburbs. This individual, with an executive director, will create the team that defines product lines and develops the full continuum of care required. You are board certified in physical medicine and rehabilitation; have a track record of success and enthusiasm for program development; good community physician skills combined with ability to interact with leading academic specialists is essential. For additional information, please contact Toni Farley, (630) 990-1370 at Witt, Kieffer, Ford, Hadelman & Lloyd, fax (630) 990-1382, or e-mail tonif@wittkieffer.com.

Central Michigan–Family Practice. Join a prominent staff model HMO. Positions available in Midland, Saginaw, and Bay City. These locations offer a wide variety of cultural amenities, accessibility to other major cities and an array of outdoor recreation. Very attractive work environment with an outstanding compensation package and defined hours. Contact Brad Bark: (800) 243-4353.

PRACTICE IN THE LAND OF LAKES

- Family Practice
- Orthopaedics
- NP's or PA's for Rural Health Clinics

Fully accredited 60-bed hospital
Rehabilitation unit
Clinically broad practices with regional referral availability

Private practice or hospital-based practice

Call coverage

Excellent benefits.

For more information call:
Diane Thompson
(616) 324-4068
Three Rivers Area Hospital
1111 West Broadway
Three Rivers, MI 49093

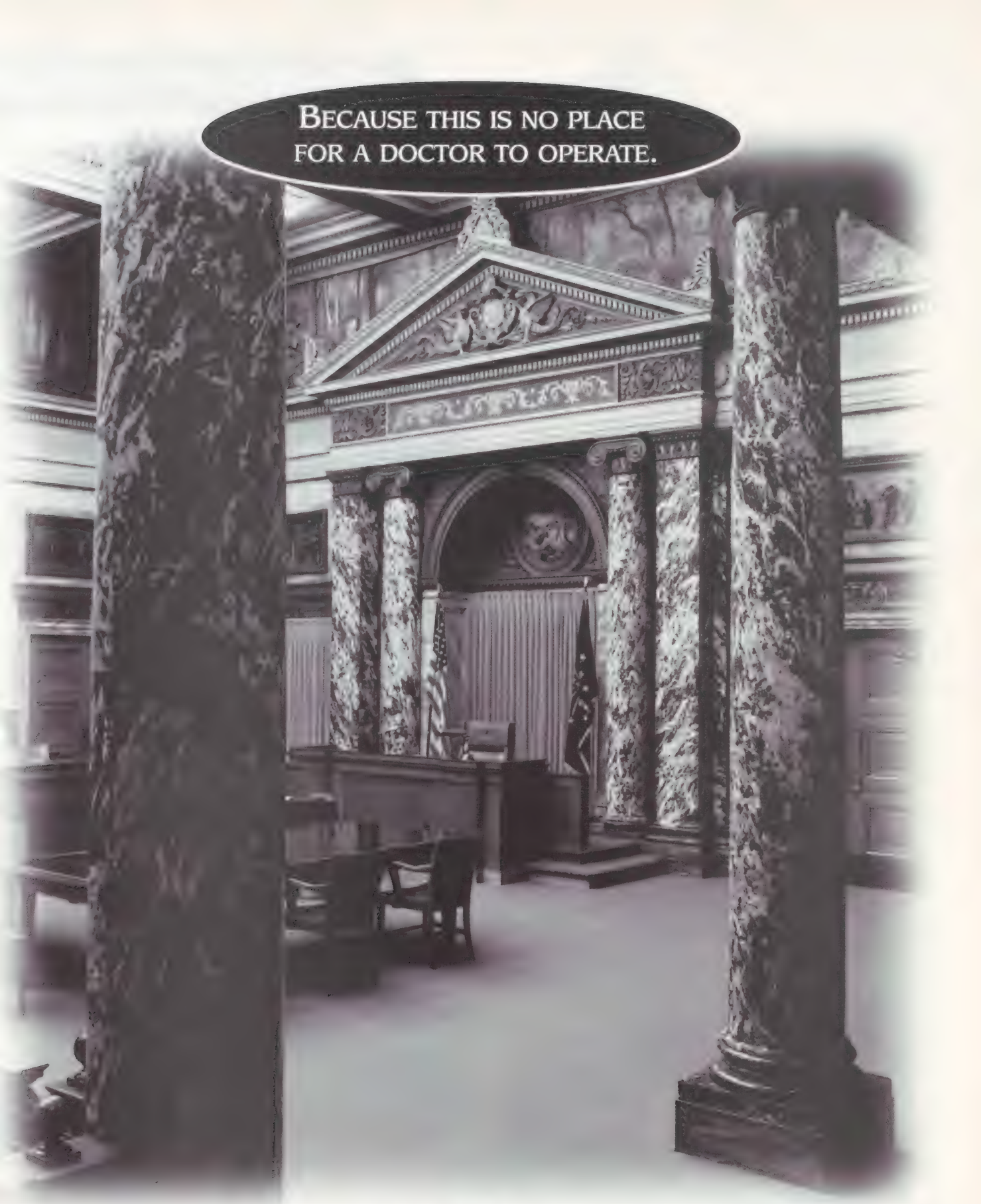
Equal Opportunity Employer

Three Rivers Area Hospital

Doctors, please tell us your e-mail address. Send to msms@msms.org

LEGAL SERVICES

ERNEST P. CHIODO, M.D., J.D., M.P.H.
Physician - Attorney
* Legal Representation of Physicians
* Peer Review
* Licensure and Discipline
* National Practioners Data Bank
(810)791-6737



THE
MEDICAL PROTECTIVE COMPANY ®

Professional Protection Exclusively since 1899

To reach your local office, call 800-344-1899.

GOLD CORPORATE AFFILIATE
MGMA
FOUNDED 1926
PROGRAM UNDERWRITER

Serenity In A Maelstrom Of Exposure



When the world is at its most ominous, Stratton, Cheeseman & Walsh is there to provide coverage from even the most threatening storm.

As the leader in professional liability, we have built a reputation for over twenty years defending your good name within the medical community. Our expanded range of services allows you to make sound insurance decisions to meet your business and personal needs with a single call to a trusted ally. Let us provide safe refuge from the storm of uncertainty that defines the world we live in today.

In the Lansing Area, call 517-351-5780.

Long distance, 1-800-968-4929.

The endorsed insurance agency of the Michigan State Medical Society

Stratton
Cheeseman
& Walsh, Inc.

• professional liability • home • life • auto •

Give Patients

Health Tips To Go!

Available to you at no charge! 10 reproducible masters, printed on heavy cardstock with room for your name, address and phone number.

Send your patients home with answers to the most important and frequently asked nutrition questions of the 1990's "Health Tips To Go" An excellent educational resource!

Ten Tip Topics Include:

1. The Food Guide Pyramid
2. Explanation of Serving Sizes
3. Painless Lowfat Options
4. Lean Meat in a Heart-Healthy Diet
5. Understanding Iron
6. Fat, Fiber and Cholesterol
7. Fiber Sources and Recommendations
8. Healthy Weight Chart
9. Healthy Weight Tips
10. Keeping Food Safe

Michigan Beef Industry Commission
145 University Park Drive, Suite 300, Okemos, Michigan 48864
517/347-0911 Fax: 517/347-0919
www.mibeef.org

ADVERTISER'S INDEX

Binson's Home Health Care 9
Brainerd 45
Colonial Valley 48
Cunningham Group 7
Davis Smith 45
Diplomat Pharmacy 49
DMC Health Care Center 9
Doctor Chiodo ..... Classified
Harper Associates 16
HCFA 11
Jirous Management Group 21
Medical Protective 53
Michigan Beef Council 55
Michigan Clinic for TMJ/Facial Pain 48
Michigan Health Council(MOM) 32
Michigan Pain Management 21
Michigan Physicians Mutual Liability CO ..... BC
MSMS Group Insurance Trust 39
MSMS Physician Services Group 51
J.J. Merck Pharmaceuticals (Pepcid AC) 17
Petoskey-Harbor Springs-Boyne Country Visitors Bureau ... 6
Physicians Leasing 50
Picom ..... IFC
Premier Telephone on-hold 11
Quantum Leap Audio Visual 50
Spectrum Health 10
Staff Care 50
Star Insurance 46
Stratton Cheeseman & Walsh 54
Three Rivers Hospital 52
Two Men and A Truck 11
United Postal Service 47



Chicken Soup and Other Remedies

By Cathy O. Blight, MD

MSMS President

Chicken Soup and Vernor's ginger ale . . . for those of us raised in mid-Michigan, these were some of the "alternative medicines" that our mothers used to get us through the cold and flu season. How the concept has expanded! Today, we have aromatherapy, herbal therapy, touch therapy, and acupuncture, to name a few. As traditional western medicine moves more and more into a high-tech, low-touch, time-restricted system, and as the rate of prescribing medication increases, a large percentage of our patients are turning to alternative medicine as effective methods of treatment. But, do these practices help or hurt? How do we become better educated in order to advise our patients and maintain a strong patient-physician relationship?

A Walk through History

Although some methods of alternative medicine are still in their early stages, others have been in practice for centuries by many different cultures and people. It is true that many particular early remedies have been expelled as effective forms of treatment as medicine evolved, but others have stood the test of time, and still remain an active part of clinical therapy today.

Herbal remedies have been in use since the beginning of man. Prehistoric medicine men, and later, the Native American shamans combined natural herbs with their own spirituality to "cure" whatever ailed their people. Herbs also have played a major role in the treatments brought to us by our African and eastern cultures. Many of our modern drugs have been derived from herbal cures—such as acacia, asperin, digitalis and aloe, and herbal medicine actively is practiced in Europe today.

Our eastern colleagues have taught us about acupuncture and the theories on which it is founded. Presently, in many eastern countries, acupuncture is used to replace anesthesia in some surgeries, as well as an effective and soothing form of pain relief. If taken ill abroad, some of us have availed ourselves of this therapy, with varied results. And, we are often amazed at how well it seems to work.

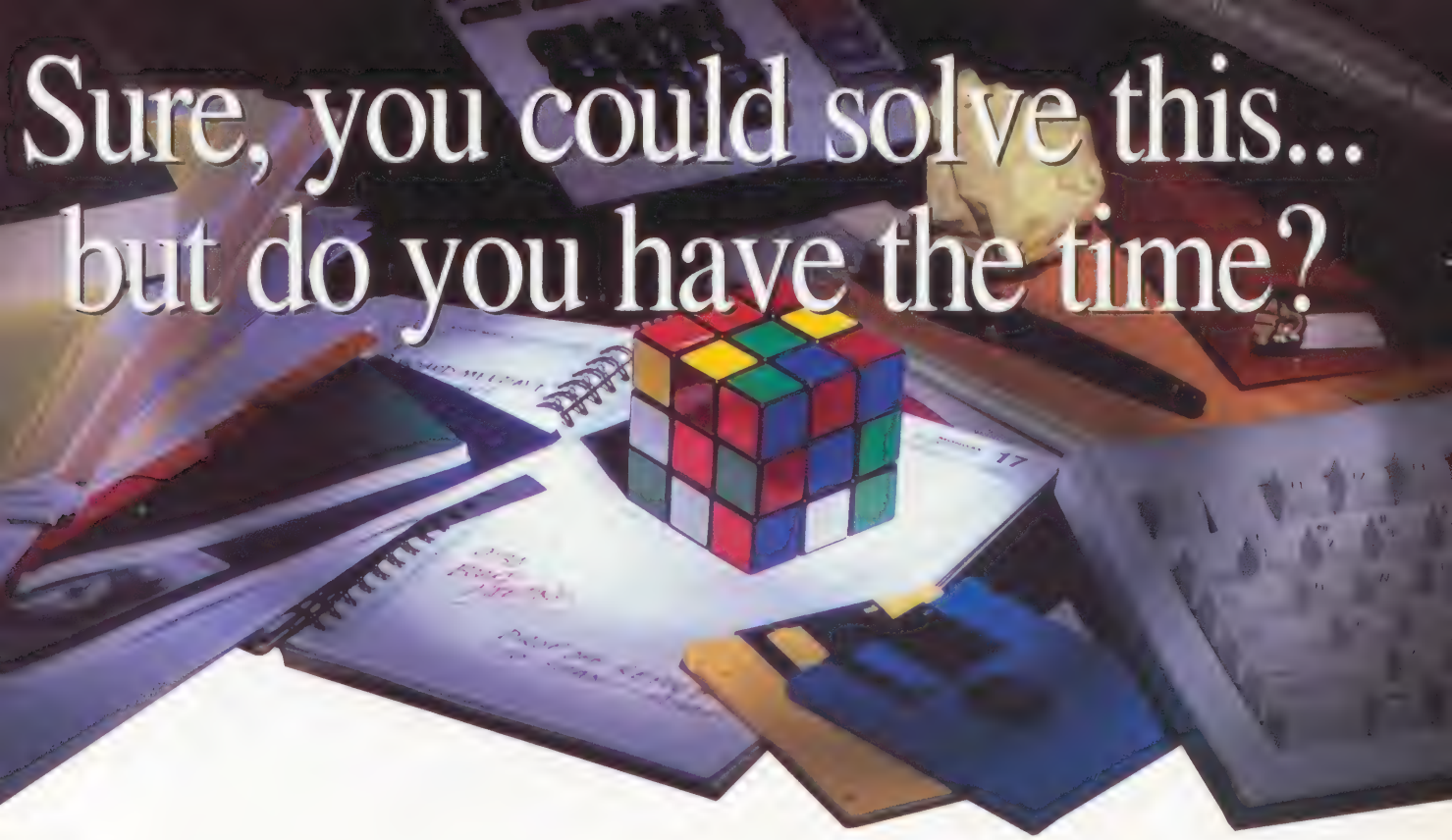
Where to Turn to for Education

So, where does that leave us? Obviously, the area of alternative medicine is large and expanding, and education on these varied subjects is vital. One good place to start is on the Internet. On the search engine "Yahoo," there is an alternative medicine home page, which is a jump-station for sources of information on all types of therapies. A few of the indices include associations, organizations, data bases, government resources, mailing lists, and news groups. Another favorite site of mine is www.altmedicine.com. By utilizing the latest in technology, we can readily tap into hundreds of resources and learn the history and theory behind many of these ancient therapies. It's also good because we know then what our patients are viewing.

But, as we consider all of these methods and remedies, we must remember that traditional western medicine is based on scientific trial and data. We need to stay open-minded about alternative forms of treatment, but still maintain a degree of skepticism pertaining to how each method was studied and tested. An important point of research would be if the reports are anecdotal, or based on large-blinded trials. The "placebo" effect certainly needs to be considered in any therapy that promises great success.

A Joint Effort is Beneficial

Some of the alternative modalities seem to offer an enhanced quality-of-life, and could compliment what we traditionally offer. Many are based on the principles of wellness and balanced diet, nutrition, and exercise. They make our patients more aware of the mind-body environmental connection. Certainly, many of us, including our patients, can benefit from this increased awareness. However, not everything that falls under the "alternative medicine" rubric is worthy of our time. We need to acquaint ourselves with those things that offer positive benefits to our patients, and judge everything with a critical, skeptical eye. By being aware of new trends, and educating ourselves on alternative methods, we can help our patients feel better about themselves and their environment, and possibly build additional trust and understanding with us—strengthening the patient-physician bond. And, isn't that part of what we should be about in the long run? ■



Organizing and managing an IPA, PO or PHO
is like solving this puzzle.

❖

Eventually you will do it,
but you need to solve it ***now***.

❖

Michigan Medical Advantage
has been around this block before.

❖

Our knowledge and experience
become your tools and resources
to help you organize and manage
your IPA, PO or PHO.

❖

It's really a simple solution.

❖

Call Michigan Medical Advantage
to see how we can help.

❖

517-336-1400

Ask for Kevin J. Cawley
Chief Operating Officer

MA
Michigan
Medical Advantage
Physician-owned. Physician-minded.
To empower physicians.

Affiliated with the Michigan State Medical Society and Michigan Physicians Mutual Liability Company

Other Insurers Say They'll Stand Behind You When You Have a

NATIONAL LIBRARY OF MEDICINE
NLM 01287447 3



MPMLC Stands in Front of You.

After all, fighting legal battles isn't your business, it's ours.

When it comes to professional liability, Michigan Physicians Mutual Liability Company (MPMLC) will be your shield, **defending you against non-meritorious claims** and protecting your reputation. Our experienced claims staff will forge ahead in your defense. And we'll **keep fighting** until your claim is resolved.

MPMLC is highly rated by A.M. Best and Standard & Poor's. This means you can be confident we have the financial strength to keep you safe, even in the heat of battle.

We're also guarding your future by providing: customized coverage, excellent hands-on service, competitive pricing, and nationally recognized risk management programs that will help minimize the threat of future claims and also can qualify you for premium discounts.

So, you keep doing what you do best, and we'll keep doing what we do best — shielding our policyholders from financial risk. For more information or a quotation, please call our representatives at the Stratton, Cheeseman & Walsh Agency, **1-800-968-4929**.

- Rated "A-" (Excellent) by A.M. Best and "A+" by Standard & Poor's
- Customized Coverage
- Policyholder's Consent to Settle Claims
- Proactive Risk Management
- Competitive Rates
- Prior Acts Coverage Available
- Free Retirement Tail Available

MICHIGAN PHYSICIANS

7851 SP88 23
03•16•99 MAB

any

The endorsed medical liability insurance provider of the Michigan State Medical Society and the Michigan Osteopathic Association.

NATIONAL LIBRARY OF MEDICINE
NLM 01491422 9